

## HOOS, JR. HIP SURVEY

INSTRUCTIONS: This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

best

Answer every qu question. If you a answer you can.	estion by ticki	ng the appropri	ate box, <u>only</u> wer a question	one box for each n, please give the
Pain What amount of h following activities		ou experienced	the last weel	c during the
1. Going up or dow None □	m stairs Mild	Moderate	Severe	Extreme
2. Walking on an u None □	neven surface Mild	Moderate	Severe	Extreme
Function, daily liv The following que your ability to mo following activitie experienced in the	estions conce ve around and s please indic	d to look after y ate the degree	ourself. For ea	ach of the
3. Rising from sittin None □	Mild	Moderate	Severe	Extreme
4. Bending to floor/ None  □	pick up an obje Mild □	Moderate	Severe	Extreme
5. Lying in bed (turn None	ning over, main Mild □	taining hip position  Moderate	Severe	Extreme
6. Sitting			0	

Moderate

Severe

Mild

None

Extreme