

Hip dysfunction and Osteoarthritis Outcome Score

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.

Answer every question by checking the appropriate circle, only one box for each question. If you are uncertain about how to answer a question, please give the best answer you can.

Section A: Symptoms

INSTRUCTIONS: These questions should be answered thinking of your hip symptoms and difficulties during the last week.

1. Do you feel grinding, hear clicking, or any other type of noise from your hip?	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Always <input type="radio"/>
2. Difficulties spreading legs wide apart	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
3. Difficulties to stride out when walking	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>

INSTRUCTIONS: These questions concern the amount of **joint stiffness** you have experienced during the last week in your hip. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip joint.

4. How severe is your hip joint stiffness upon awakening in the morning?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
5. How severe is your hip stiffness after sitting, lying, or resting later in the day?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>

Section B: Pain

INSTRUCTIONS: These questions concern the amount of hip pain you have experienced in the last week during the following activities.

1. How often is your hip painful?	Never <input type="radio"/>	Monthly <input type="radio"/>	Weekly <input type="radio"/>	Daily <input type="radio"/>	Always <input type="radio"/>
2. Straightening your hip fully	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
3. Bending your hip fully	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
4. Walking on a flat surface	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
5. Going up or down stairs	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
6. At night while in bed	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
7. Sitting or lying down	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
8. Standing upright	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
9. Walking on a hard surface (asphalt, concrete, etc...)	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
10. Walking on an uneven surface	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>

Section C: Physical Function

INSTRUCTIONS: The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your hip.

	None	Mild	Moderate	Severe	Extreme
1. Descending stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Ascending stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Rising from sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Bending to the floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Walking on a flat surface	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Getting in/out of car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Putting on socks/stockings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Going shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Rising from bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Taking off socks/stockings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Lying in bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Getting in/out of bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Getting on/off of toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Heavy domestic duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Light domestic duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D: Function, sports, and recreational activities

INSTRUCTIONS: The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your hip.

	None	Mild	Moderate	Severe	Extreme
1. Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Twisting/pivoting on loaded leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Walking on uneven surface	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section E: Quality of Life

1. How often are you aware of your hip problem?	Never <input type="radio"/>	Monthly <input type="radio"/>	Weekly <input type="radio"/>	Daily <input type="radio"/>	Constantly <input type="radio"/>
2. Have you modified your lifestyle to avoid activities potentially damaging to your hip?	Not at all <input type="radio"/>	Mildly <input type="radio"/>	Moderately <input type="radio"/>	Severely <input type="radio"/>	Totally <input type="radio"/>
3. How much are you troubled by lack of confidence in your hip?	Not at all <input type="radio"/>	Mildly <input type="radio"/>	Moderately <input type="radio"/>	Severely <input type="radio"/>	Extremely <input type="radio"/>
4. In general, how much difficulty do you have with your hip?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>

Lower Extremity Activity Scale

Please read through each description given below, pick the ONE description that best describes your regular daily activity, and put a check in that box (Check only one box).

- 1. I am confined to bed all day.
- 2. I am confined to bed most of the day except for minimal transfer activities (going to the bathroom, etc...)
- 3. I am either in bed or sitting in a chair most of the day.
- 4. I sit most of the day, except for minimal transfer activities, no walking or standing.
- 5. I sit most of the day, but I stand occasionally and walk a minimal amount in my house. (I may rarely leave the house for an appointment and may require the use of a wheelchair or scooter for transportation.)
- 6. I walk around my house to a moderate degree but I don't leave the house on a regular basis. I may leave the house occasionally for an appointment.
- 7. I walk around my house and go outside at will, walking one or two blocks at a time.
- 8. I walk around my house, go outside at will and walk several blocks at a time without any assistance (weather permitting).
- 9. I am up and about at will in my house and can go out and walk as much as I would like with no restrictions (weather permitting).
- 10. I am up and about at will in my house and outside. I also work outside the house in a:
 - Minimally active job
 - Moderately active job
 - Extremely active job(Please check the best description of your work level.)
- 11. I am up and about at will in my house and outside. I also participate in relaxed physical activity such as jogging, dancing, cycling, or swimming:
 - Occasionally (2-3 times per month)
 - 2-3 times per week
 - Daily
- 12. I am up and about at will in my house and outside. I also participate in vigorous physical activity such as competitive level sports:
 - Occasionally (2-3 times per month)
 - 2-3 times per week
 - Daily

Harris Hip Score:

Please answer the following questions:

Pain:	
<input type="radio"/> None	
<input type="radio"/> Slight, occasional, no compromise in activities	
<input type="radio"/> Mild pain, no effect on average activities, rarely moderate pain with unusual activity, may take aspirin	
<input type="radio"/> Moderate pain, tolerable but makes concessions to pain. Some limitations of ordinary activity or work. May require occasional pain medication stronger than aspirin	
<input type="radio"/> Marked pain, serious limitation of activities	
<input type="radio"/> Totally disabled, crippled, pain in bed, bedridden	
Activities:	
Distance Walked:	Walking aids:
<input type="radio"/> Unlimited	<input type="radio"/> None
<input type="radio"/> Six blocks (30 minutes)	<input type="radio"/> Cane/walking stick for long walks
<input type="radio"/> Two or three blocks (10-15 minutes)	<input type="radio"/> Cane/walking stick for most of the time
<input type="radio"/> Indoors only	<input type="radio"/> One crutch
<input type="radio"/> Bed and chair only	<input type="radio"/> Two canes/walking sticks
	<input type="radio"/> Two crutches, walker, or not able to walk
Stairs:	Limp:
<input type="radio"/> Normally without using a railing	<input type="radio"/> None
<input type="radio"/> Normally using a railing	<input type="radio"/> Slight
<input type="radio"/> In any manner	<input type="radio"/> Moderate
<input type="radio"/> Unable to do stairs	<input type="radio"/> Severe, or unable to walk
Shoes/socks:	Sitting:
<input type="radio"/> With ease	<input type="radio"/> Comfortably, ordinary chair for one hour
<input type="radio"/> With difficulty	<input type="radio"/> On a high chair for 30 minutes
<input type="radio"/> Unable to fit or tie	<input type="radio"/> Unable to sit comfortably on any chair
Public Transportation:	
<input type="radio"/> Able to use public transportation (bus)	
<input type="radio"/> Unable to use public transportation (bus)	