

Hip Survey

Please mark one choice for each topic:

Pain:

- None/ignores (44 points)
- Slight, occasional, no compromise in activity (40) points
- Mild, no effect on ordinary activity, pain after activity, uses aspirin (30 points)
- Moderate, tolerable, makes concessions, occasional codeine (20 points)

Function: Gait

Limp

- None (11 points)
- Slight (8 points)
- Moderate (5 points)
- Severe (0 points)
- Unable to walk (0 points)

Support

- None (11 points)
- Cane, full time (5 points)
- Crutch (4 points)
- 2 canes (2 points)
- Unable to walk (0 points)

Distance Walked

- Unlimited (11 points)
- 6 blocks (8 points)
- 2-3 blocks (5 points)
- Indoors only (2 points)

Functional Activities:

Stairs

- Normally (4 points)
- Normally with banister (2 points)
- Any method (1 point)
- Not able (0 points)

Socks/Shoes

- With ease (4 points)
- With difficulty (2 points)
- Unable (0 points)

Sitting

- Any chair, 1 hour (5 points)
- High chair, 1/2 hour (3 points)
- Unable to sit, 1/2 hour, any chair (0 points)

Public Transportation

- Able to enter public transportation (1 point)
- Unable to use public transportation (0 points)

Hip Outcome Score (HOS) Activity of Daily Living Scale

Please answer **every question** with one response that most closely describes your condition within the past week.

If the activity in question is limited by something other than your hip mark not applicable (N/A).

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing for 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting into and out of an average car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on socks and shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up steep hills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up 1 flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going down 1 flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepping up and down curbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting into and out of a bath tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking initially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking approximately 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking 15 minutes or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Because of your hip how much difficulty do you have with:

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Twisting/pivoting on involved leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolling over in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light to moderate work (standing, walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy work (push/pulling Climbing, carrying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your current level of function during your activities of daily living from 0 to 100 with 100 being your level of function prior to your hip problem and 0 being the inability to perform your usual daily activities?

.0%

Patient Signature _____ Date _____ Time _____

Hip Outcome Score (HOS) Sports Scale

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Running one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swinging objects like a golf club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting and stopping quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting/lateral movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low impact activities like walking fast						
Ability to perform activity with your normal technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to participate in your desired sport as long as you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your current level of function during your activities of daily living from 0 to 100 with 100 being your level of function prior to your hip problem and 0 being the inability to perform your usual daily activities?

.0%

How would you rate your current level of function?

Normal Nearly normal Abnormal Severely abnormal

Physician Signature _____ Date _____ Time _____



Santa Monica Orthopaedic and Sports Medicine
at Saint John's Health Center
Hip Survey
9833S (10/12)