HOOS-12 HIP SURVEY

INSTRUCTIONS: This survey asks for your views about your hip. Answer every question by marking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Pain

1. How often do you experience hip pain?

Never	Monthly	Weekly	Daily	Always
☐	☐	☐	☐	☐

What amount of hip pain have you experienced the **last week** during the following activities?

2. Walking on a flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

3. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

4. Sitting or lying

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Function, daily living

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.

5. Rising from sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

6. Standing

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

7. Getting in/out of a car

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

8. Walking on an uneven surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Quality of Life

9. How often are you aware of your hip problem?

Never	Monthly	Weekly	Daily	Constantly
☐	☐	☐	☐	☐

10. Have you modified your life style to avoid potentially damaging activities to your hip?

Not at all	Mildly	Moderately	Severely	Totally
☐	☐	☐	☐	☐

11. How much are you troubled with lack of confidence in your hip?

Not at all	Mildly	Moderately	Severely	Extremely
☐	☐	☐	☐	☐

12. In general, how much difficulty do you have with your hip?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Thank you very much for completing all the questions in this questionnaire.