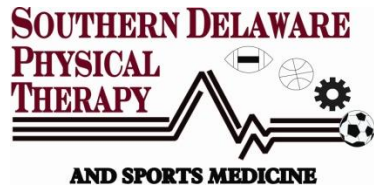


Name: _____

Date: _____



Hip Outcome Score (HOS)

Instructions: Please answer every question with one response that most closely describes to your condition within the past week. If the activity in the question is limited by something other than your hip, mark N/A.

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing for 15 minutes	4	3	2	1	0	
Getting into and out of a car	4	3	2	1	0	
Putting on socks/ shoes	4	3	2	1	0	
Walking up steep hills	4	3	2	1	0	
Walking down steep hills	4	3	2	1	0	
Going up 1 flight of stairs	4	3	2	1	0	
Going down 1 flight of stairs	4	3	2	1	0	
Stepping up and down curbs	4	3	2	1	0	
Deep squatting	4	3	2	1	0	
Getting in and out of a bath tub	4	3	2	1	0	
Sitting for 15 min.	4	3	2	1	0	
Walking initially	4	3	2	1	0	
Walking ~ 10 min.	4	3	2	1	0	
Walking ≥ 15 min.	4	3	2	1	0	
Twisting/pivoting on involved leg	4	3	2	1	0	
Rolling over in bed	4	3	2	1	0	
Light to moderate work (standing, walking)	4	3	2	1	0	
Heavy work (push/ pulling, climbing, carrying)	4	3	2	1	0	
Recreational activities	4	3	2	1	0	

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

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For PT: to score add up total and divide by greatest number available (76 if all questions are answered)