

Hip Outcome Score(HOS)

Please answer **every question** with **one response** that most closely describes to 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"/> |
| Getting into and out of an average car | <input type="checkbox"/> |
| Putting on socks and shoes | <input type="checkbox"/> |
| Walking up steep hills | <input type="checkbox"/> |
| Walking down steep hills | <input type="checkbox"/> |
| Going up 1 flight of stairs | <input type="checkbox"/> |
| Going down 1 flight of stairs | <input type="checkbox"/> |
| Stepping up and down curbs | <input type="checkbox"/> |
| Deep squatting | <input type="checkbox"/> |
| Getting into and out of a bath tub | <input type="checkbox"/> |
| Sitting for 15 minutes | <input type="checkbox"/> |
| Walking initially | <input type="checkbox"/> |
| Walking approximately 10 minutes | <input type="checkbox"/> |
| Walking 15 minutes or greater | <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"/> |
| Rolling over in bed | <input type="checkbox"/> |
| Light to moderate work (standing, walking) | <input type="checkbox"/> |
| Heavy work (push/pulling, climbing, carrying) | <input type="checkbox"/> |
| Recreational activities | <input type="checkbox"/> |

How would you rate your current level of function during your usual 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 any of your usual daily activities?

.0 %

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 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Running one mile | <input type="checkbox"/> |
| Jumping | <input type="checkbox"/> |
| Swinging objects like a golf club | <input type="checkbox"/> |
| Landing | <input type="checkbox"/> |
| Starting and stopping quickly | <input type="checkbox"/> |
| Cutting/lateral movements | <input type="checkbox"/> |
| Low impact activities like fast walking | <input type="checkbox"/> |
| Ability to perform activity with your normal technique | <input type="checkbox"/> |
| Ability to participate in your desired sport as long as you would like | <input type="checkbox"/> |

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

.0 %

How would you rate your current level of function?

Normal Nearly normal Abnormal Severely abnormal