

## HOOS JR Patient Survey:

This survey asks for your opinion about your hip and helps us understand how well you are able to complete your usual activities. This survey asks for your opinion about your hip and helps us understand how well you are able to complete your usual activities. Answer each question by selecting the appropriate box (only one box for each question). If you are uncertain about how to answer a question, please give the best answer you can.

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

Going up and down the stairs

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

Walking on an uneven surface

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

**This section describes 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.**

Rising from sitting

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

Bending to the floor/pick up an object

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

Lying in bed (turning over, maintaining hip position)

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

Sitting

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme