

[Type text]

Hip Outcome Score (HOS)

[Type text]

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).

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

	No Difficulty at all	Some Difficulty	Moderate Difficulty	Extreme Difficulty	Unable	N/A
Standing for 15 minutes	4	3	2	1	0	N/A
Getting into and out of an average car	4	3	2	1	0	N/A
Walking up steep hills	4	3	2	1	0	N/A
Walking down steep hills	4	3	2	1	0	N/A
Going up 1 flight of stairs	4	3	2	1	0	N/A
Going down 1 flight of stairs	4	3	2	1	0	N/A
Stepping up and down curbs	4	3	2	1	0	N/A
Deep squatting	4	3	2	1	0	N/A
Getting into and out of a bath tub	4	3	2	1	0	N/A
Walking initially	4	3	2	1	0	N/A
Walking approximately 10 minutes	4	3	2	1	0	N/A
Walking 15 minutes or greater	4	3	2	1	0	N/A
Twisting/pivoting on involved leg	4	3	2	1	0	N/A
Rolling over in bed	4	3	2	1	0	N/A
Light to moderate work (standing, walking)	4	3	2	1	0	N/A
Heavy work (push/pulling, climbing, carrying)	4	3	2	1	0	N/A
Recreational activities	4	3	2	1	0	N/A

If you participate in a sport or exercise activity, please fill out the Sports Subscale. If you do not please stop here.