HOOS-12

Instructions: This questionnaire 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 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 activities potentially damaging 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