HOOS-Physical Function Shortform (HOOS-PS)

Today's date:_____/_____/_____ Date of birth: _____/_____/_____

Name: _____

INSTRUCTIONS: This survey asks for your view about your hip. This information will help us keep track of how well you are able to perform different activities. Answer every question by ticking 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 so that you answer all the questions.

The following questions concern your level of function in performing usual daily activities and higher level activities. For each of the following activities, please indicate the degree of difficulty you have experienced in the **last week** due to your hip problem.

	0	1	2	3	4
1. Descending stairs	**None** ☐	**Mild** ☐	**Moderate** ☐	**Severe** ☐	**Extreme** ☐
2. Getting in/out of bath or shower	**None** ☐	**Mild** ☐	**Moderate** ☐	**Severe** ☐	**Extreme** ☐
3. Sitting	**None** ☐	**Mild** ☐	**Moderate** ☐	**Severe** ☐	**Extreme** ☐
4. Running	**None** ☐	**Mild** ☐	**Moderate** ☐	**Severe** ☐	**Extreme** ☐
5. Twisting/pivoting on your loaded leg	**None** ☐	**Mild** ☐	**Moderate** ☐	**Severe** ☐	**Extreme** ☐