

# Post-Op Patient Questionnaire – Ortho specific questions - Hip

I am completing this survey in regards to my:

- ☐ Left hip      ☐ Right hip

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

I am completing this form on behalf of:

- ☐ Self      ☐ Other, please indicate your relationship \_\_\_\_\_

## **HOOS, JR. HIP SURVEY**

Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR.), English version 1.0 ©2015  
Hospital for Special Surgery

**INSTRUCTIONS:** This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities. Answer every question by checking 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**

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

1. Going up or down stairs

- ☐ 0 = None   ☐ 1 = Mild   ☐ 2 = Moderate   ☐ 3 = Severe   ☐ 4 = Extreme

2. Walking on an uneven surface

- ☐ 0 = None   ☐ 1 = Mild   ☐ 2 = Moderate   ☐ 3 = Severe   ☐ 4 = 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.

3. Rising from sitting

- ☐ 0 = None   ☐ 1 = Mild   ☐ 2 = Moderate   ☐ 3 = Severe   ☐ 4 = Extreme

4. Bending to floor/pick up an object

- ☐ 0 = None   ☐ 1 = Mild   ☐ 2 = Moderate   ☐ 3 = Severe   ☐ 4 = Extreme

5. Lying in bed (turning over, maintaining hip position)

- ☐ 0 = None   ☐ 1 = Mild   ☐ 2 = Moderate   ☐ 3 = Severe   ☐ 4 = Extreme

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### 6. Sitting

☐ 0= None   ☐ 1= Mild   ☐ 2= Moderate   ☐ 3= Severe   ☐ 4= Extreme

### **PROMIS GLOBAL HEALTH (10)**

**Reference:** © 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group

#### **Instructions:**

Answer every question by clicking the appropriate box, only one box for each question. If you are unsure, give the best answer you can.

1. In general, would you say your health is:  
☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent
2. In general, would you say your quality of life is:  
☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent
3. In general, how would you rate your physical health?  
☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent
4. In general, how would you rate your mental health, including your mood and your ability to think?  
☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent
5. In general, how would you rate your satisfaction with your social activities and relationships?  
☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  
☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  
☐ 1= Not at all   ☐ 2= A little   ☐ 3= Moderately   ☐ 4= Mostly   ☐ 5= Completely

#### **In the past 7 days**

8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  
☐ 1= Never   ☐ 2= Rarely   ☐ 3= Sometimes   ☐ 4= Often   ☐ 5= Always
9. How would you rate your fatigue on average?  
☐ 1= None   ☐ 2= Mild   ☐ 3= Moderate   ☐ 4= Severe   ☐ 5= Very Severe
10. How would you rate your pain on average?  
☐ 0= no pain   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10= Worst imaginable