Nadim Aslam
Consultant Sports and Reconstructive Knee and Hip Surgery

Mr Nadim Aslam
BMSc MB ChB FRCS(Eng) FRCS(Tr & Orth) MFSEM (UK)

PRIVATE PRACTICE MANAGER
TEL: 01905 362003
FAX: 01905 362004
EMAIL: nadim.aslam@spirehealthcare.com
WEB: www.nadimaslam.com

ALL CORRESPONDENCE
Bone and Joint Clinic
Spire South Bank Hospital
139 Bath Road
Worcester, WR5 3YB

HOOS Hip Survey

Name: _____ **Date:** _____

Date of birth: _____ **Age:** _____

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 perform your usual 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.

Symptoms

These questions should be answered thinking of your hip symptoms during the last week.

Do you feel grinding, hear clicking or any type of noise when your hip moves?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Difficulties spreading your legs wide apart?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Difficulties to stride out when walking?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the last week in your hip. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip joint.

How severe is your hip joint stiffness after first waking up in the morning?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

How severe is your hip stiffness after sitting, lying or resting later in the day?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Pain

How often is your hip painful?

☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Always

Straightening your hip fully?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Bending your hip fully?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Walking on a flat surface?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Going up or down stairs?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

At night in bed?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Sitting or lying?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Standing upright?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Walking on a hard surface (tarmac, concrete, etc.)?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Walking on an uneven surface?

☐ 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:

1) Descending stairs?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

2) Ascending stairs?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

3) Rising from sitting?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

4) Standing

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

5) Bending to floor/pick up an object?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

6) Walking on a flat surface?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

7) Getting in/out of a car?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

8) Going shopping?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

9) Putting on socks/tights?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

10) Rising from bed?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

11) Taking off socks/tights?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

12) Lying in bed? (turning over, maintaining hip position)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

13) Getting in/out of bath?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

14) Sitting?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

15) Getting on/off the toilet?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

16) Heavy domestic duties? (moving heavy boxes, scrubbing floors etc.)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

17) Light domestic duties? (cooking, dusting etc.)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your hip:

1) Squatting?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

2) Running?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

3) Jumping?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

4) Twisting/pivoting on loaded leg?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

5) Walking on uneven surface?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Quality of life

How often are you aware of your hip problem?

☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Constantly

Have you modified your lifestyle to avoid potentially damaging activities to your hip?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Totally

How much are you troubled with your lack of confidence in your hip?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Extremely

In general, how much difficulty do you have with your hip?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Thank you very much for completing all the questions on this questionnaire.