

HOOS Questionnaire

Name: _____ Age: _____ Gender: _____

Date of assessment: _____

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 ticking the appropriate box, only one box for each question. If you are uncertain about how to answer a question, please give the best answer you can.

Symptoms: These questions should be answered thinking of your hip symptoms and difficulties during the **last week**.

S1. Do you feel grinding, hear clicking or any other type of noise from your hip?

Never Rarely Sometimes Often Always

S2. Difficulties spreading legs wide apart

Never Rarely Sometimes Often Always

S3. 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.

S4. How severe is your hip joint stiffness after first wakening in the morning?

Never Rarely Sometimes Often Always

S5. How severe is your hip stiffness after sitting, lying or resting later in the day?

Never Rarely Sometimes Often Always

Pain

P1. How often is your hip painful?

Never Rarely Sometimes Often Always

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

P2. Straightening your hip fully

Never Rarely Sometimes Often Always

P3. Bending your hip fully

Never Rarely Sometimes Often Always

P4. Walking on a flat surface

Never Rarely Sometimes Often Always

P5. Going up or down stairs

Never Rarely Sometimes Often Always

P6. At night while in bed

Never Rarely Sometimes Often Always

P7. Sitting or lying

Never Rarely Sometimes Often Always

P8. Standing upright

Never Rarely Sometimes Often Always

P9. Walking on a hard surface (asphalt, concrete, etc.)

Never Rarely Sometimes Often Always

P10. Walking on an uneven surface

Never Rarely Sometimes Often Always

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.

A1. Descending stairs

Never Rarely Sometimes Often Always

A2. Ascending stairs

Never Rarely Sometimes Often Always

A3. Rising from sitting

Never Rarely Sometimes Often Always

A4. Standing

Never Rarely Sometimes Often Always

A5. Bending to floor/pick up an object

Never Rarely Sometimes Often Always

A6. Walking on flat surface

Never Rarely Sometimes Often Always

A7. Getting in/out of car

Never Rarely Sometimes Often Always

A8. Going shopping

Never Rarely Sometimes Often Always

A9. Putting on socks/stockings

Never Rarely Sometimes Often Always

A10. Rising from bed

Never Rarely Sometimes Often Always

A11. Taking off socks/stockings

Never Rarely Sometimes Often Always

A12. Lying in bed (turning over, maintaining hip position)

Never Rarely Sometimes Often Always

A13. Getting in/out of bath

Never Rarely Sometimes Often Always

A14. Sitting

Never Rarely Sometimes Often Always

A15. Getting on/off toilet

Never Rarely Sometimes Often Always

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

Never Rarely Sometimes Often Always

A17. Light domestic duties (cooking, dusting, etc)

Never Rarely Sometimes Often Always

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.

SP1. Squatting

Never Rarely Sometimes Often Always

SP2. Running

Never Rarely Sometimes Often Always

SP3. Twisting/pivoting on your injured hip

Never Rarely Sometimes Often Always

SP4. Walking on uneven surface

Never Rarely Sometimes Often Always

Quality of life

Q1. How often are you aware of your hip problem?

Never Rarely Sometimes Often Always

Q2. Have you modified your life style to avoid potentially damaging activities to your hip?

Never Rarely Sometimes Often Always

Q3. How much are you troubled with lack of confidence in your hip?

- Never Rarely Sometimes Often Always

Q4. In general, how much difficulty do you have with your hip?

- Never Rarely Sometimes Often Always

Total HOOS score: _____

Scoring and interpretation

Each item in the questionnaire is rated on a Likert scale, typically ranging from 0 (no problems) to 4 (extreme problems).

Each subscale contains a specific number of items:

- **Symptoms and stiffness:** 5 items (20 points total)
- **Pain:** 10 items (40 points total)
- **Function, daily living:** 17 items (68 points total)
- **Function, sports and recreational activities:** 4 items (16 points total)
- **Quality of life:** 4 items (16 points total)

Total subscale score: 160 points

To make the HOOS score more intuitive, it's converted to a 0-100 scale, where 100 represents optimal hip health (no symptoms) and 0 indicates severe hip problems. This conversion allows for easier interpretation of patient progress and comparison between different time points or individuals.

The formula for calculating the total HOOS score is:

$$100 - \left[\left(\frac{\text{Patient's subscale score} \times 100}{\text{Total subscale score}} \right) \right]$$

References

Nilsdotter, A. K., Lohmander, L. S., Klässbo, M., & Roos, E. M. (2003). Hip disability and osteoarthritis outcome score (HOOS)--validity and responsiveness in total hip replacement. *BMC Musculoskeletal Disorders*, 4, 10. <https://doi.org/10.1186/1471-2474-4-10>

Physiotutors. (2023, February 19). *HOOS Questionnaire Hip Survey*. Physiotutors. <https://www.physiotutors.com/questionnaires/hoos-hip-survey-questionnaire/>