

# 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/>