

HOOS JR Survey (Hip Disability and Osteoarthritis Outcomes Score for Joint Replacement)

PATIENT NAME: _____ **DATE OF BIRTH:** _____

Instructions: This survey asks for your opinion about your hip and helps us understand how well you can complete your usual activities. Answer each question by clicking the bubbles and selecting only one answer for each question. If you are uncertain about how to answer a question, please give the best answer you can.

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

1. Going up or down stairs?
None Mild Moderate Severe Extreme
2. Walking on an uneven surface?
None Mild Moderate Severe Extreme

Function, daily living: This section describes 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. Rising from sitting position
None Mild Moderate Severe Extreme
2. Bending to the floor/pick up an object
None Mild Moderate Severe Extreme
3. Lying in bed (turning over, maintaining hip position)
None Mild Moderate Severe Extreme
4. Sitting
None Mild Moderate Severe Extreme

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Scoring: The HOOS JR is scored by summing the raw responses (range 0-24) and then converting it to an interval score using the table provided below. The interval score ranges from 0-100 where 0 represents total hip disability and 100 represents perfect hip health.

Raw Summed Score (0-24)	Interval Score (0-100)	Raw Summed Score (0-24)	Interval Score (0-100)	Raw Summed Score (0-24)	Interval Score (0-100)	Raw Summed Score (0-24)	Interval Score (0-100)	Raw Summed Score (0-24)	Interval Score (0-100)
0	100.000	5	73.472	10	58.930	15	43.335	20	25.103
1	92.340	6	70.426	11	55.985	16	39.902	21	20.805
2	85.257	7	67.516	12	52.965	17	36.363	22	15.633
3	80.550	8	64.664	13	49.858	18	32.735	23	8.104
4	76.776	9	61.815	14	46.652	19	29.009	24	0.000

_____ Interval Score (100 points)