

Hip Outcome Score (HOS)

For office use only		
Name	DOB	Account

Answer **every question** with **one response** that most closely describes your condition within the past week.

If the activity in question is limited by something other than your hip mark "Not Applicable" (N/A)

	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to do	N/A
Standing for 15 min						
Getting in and out of an average car						
Putting on socks and shoes						
Walking up steep hills						
Walking down steep hills						
Going up 1 flight of stairs						
Going down 1 flight of stairs						
Stepping up and down curbs						
Deep squatting						
Getting in and out of a bath tub						
Sitting for 15 min						
Walking initially						
Walking approximately 10 min						
Walking 15 min or greater						
Twisting/pivoting on involved leg						
Rolling over in bed						
Light to moderate work (standing, walking)						
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						
Running one mile						
Jumping						
Swimming objects like a golf club						
Landing						
Starting and stopping quickly						
Cutting/lateral movements						
Low impact activities like fast walking						
Ability to perform activity with your normal technique						
Ability to participate in your desired sport as long as you would like						