LOUISVILLE HIP & KNEE INSTITUTE

Outcome Measures- Hip

HOOS, JR HIP SURVEY

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

Pain

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

	None	Mild	Moderate	Severe	Extreme
Going up or down stairs	☐	☐	☐	☐	☐
Walking on an uneven surface	☐	☐	☐	☐	☐

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.

	None	Mild	Moderate	Severe	Extreme
Rising from sitting	☐	☐	☐	☐	☐
Bending to floor/pick up an object	☐	☐	☐	☐	☐
Lying in bed (turning over, maintaining hip position)	☐	☐	☐	☐	☐
Sitting	☐	☐	☐	☐	☐

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Outcome Measures- Hip

PROMIS GLOBAL-10 SCORE

Please respond to each question or statement by marking one box per row.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
2. In general, would you say your quality of life is:	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
3. In general, how would you rate your physical health?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
4. In general, how would you rate your mental health, including your mood and your ability to think?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
5. In general, how would you rate your satisfaction with your social activities and relationships?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
9r. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	Completely	Mostly	Moderately	A Little	Not at all
6. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries or moving a chair?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	Never	Rarely	Sometimes	Often	Always
10r. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	None	Mild	Moderate	Severe	Very Severe
8r. How would you rate your fatigue on average?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	No Pain										Worst Pain Imaginable
7rc. How would you rate your pain on average?	☐ +0	☐ +1	☐ +2	☐ +3	☐ +4	☐ +5	☐ +6	☐ +7	☐ +8	☐ +9	☐ +10

LOUISVILLE HIP & KNEE INSTITUTE

Outcome Measures- Knee

KOOS, JR KNEE SURVEY

Instructions: This survey asks for your view about your knee. 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. Please answer every question by checking the appropriate box, only one box for each question. If you are unsure how to answer a question, please give the best answer you can.

Stiffness: These questions concern the amount of joint stiffness you have experienced in your knee **during the last week**. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

	None	Mild	Moderate	Severe	Extreme
How severe is your knee stiffness after first wakening in the morning?	☐	☐	☐	☐	☐

Pain: What amount of knee pain have you experienced the **last week** while performing the following activities?

	None	Mild	Moderate	Severe	Extreme
Twisting/pivoting on your knee	☐	☐	☐	☐	☐
Straightening the knee fully	☐	☐	☐	☐	☐
Going up or down stairs	☐	☐	☐	☐	☐
Standing upright	☐	☐	☐	☐	☐

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 knee.

	None	Mild	Moderate	Severe	Extreme
Rising from sitting	☐	☐	☐	☐	☐
Bending to floor/pick up an object from the floor	☐	☐	☐	☐	☐

LOUISVILLE HIP & KNEE INSTITUTE

Outcome Measures- Knee

PROMIS GLOBAL-10 SCORE

Please respond to each question or statement by marking one box per row.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
2. In general, would you say your quality of life is:	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
3. In general, how would you rate your physical health?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
4. In general, how would you rate your mental health, including your mood and your ability to think?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
5. In general, how would you rate your satisfaction with your social activities and relationships?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
9r. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	Completely	Mostly	Moderately	A Little	Not at all
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	Never	Rarely	Sometimes	Often	Always
10r. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	None	Mild	Moderate	Severe	Very Severe
8r. How would you rate your fatigue on average?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

	No Pain										Worst Pain Imaginable
7rc. How would you rate your pain on average?	☐ +0	☐ +1	☐ +2	☐ +3	☐ +4	☐ +5	☐ +6	☐ +7	☐ +8	☐ +9	☐ +10