

**MODIFIED HARRIS HIP SCORE:****WEIGHT (kg):** .....**HEIGHT (cm):** .....**Pain:**

- None/Able to ignore it
- Slight, occasional, no compromise in activity
- Mild, no affect on ordinary activity, pain after usual activity, use Asprin/Iburprofen/Tylenol
- Moderate, tolerable makes concessions, occasional narcotic
- Marked, serious limitations
- Totally disabled

**Gait****Limp:**

- None
- Slight
- Moderate
- Severe
- Unable to walk

**Support:**

- None
- Cane for long walks
- Cane all the time
- Crutch
- 2 canes
- 2 crutches
- Unable to walk

**Distance Walked:**

- Unlimited
- 6 blocks
- 2-3 blocks
- Indoors only
- Bed and chair

**Public Transportation:**

(e.g. bus, airport transportation)

- Able to enter public transportation
- Unable to enter public transportation

**Functional Activities****Stairs:**

- Can go up/down normally
- Can go up/down normally with banister
- Any method
- Not able

**Socks/Shoes:**

- With ease
- With difficulty
- Unable

**Sitting:**

- Any chair, 1 hour
- High chair, ½ hour
- Unable to sit, ½ hour, any chair

**Name:****Date of Surgery:**    /    /**Side:****Post op:**

(e.g. 2 wks, 6 wks, 3 months, 6 months, 1yr, 2yrs)

Christensen, C. P., P. L. Althausen, et al. (2003). "THE NONARTHRITIC HIP SCORE: Reliable and Validated." Clinical Orthopaedics and Related Research 406: 75-83.

**INSTRUCTIONS:** Please add the numbers associated with each of your 20 answers to arrive at the raw score, multiply the raw score by 1.25 to obtain your hip score.

The following 5 questions concern the amount of pain you are currently experiencing in the hip that you are having evaluated today. For each situation, please circle the response that most accurately reflects the amount of pain experienced in the past 48 hours. Please circle one answer that best describes your situation.

**QUESTION:** How much pain do you have-

1. Walking on a flat surface?

4= none

3= mild

2= moderate

1= severe

0= extreme

2. Going up or down stairs?

4= none

3= mild

2= moderate

1= severe

0= extreme

3. At night while in bed?

4= none

3= mild

2= moderate

1= severe

0= extreme

4. Sitting or lying?

4= none

3= mild

2= moderate

1= severe

0= extreme

5. Standing upright?

4= none

3= mild

2= moderate

1= severe

0= extreme

**Sub total raw score: .....**

**INSTRUCTIONS:** The following 4 questions concern the symptoms that you are currently experiencing in the hip you are having evaluated today. For each situation, please circle the response that most accurately reflects the symptoms experienced in the past 48 hours. Please circle one answer that best describes your situation.

**QUESTION:** How much trouble do you have with-

1. Catching or locking of your hip?

4= none

3= mild

2= moderate

1= severe

0= extreme

2. Your hip giving out on you?

4= none

3= mild

2= moderate

1= severe

0= extreme

3. Stiffness in your hip

4= none

3= mild

2= moderate

1= severe

0= extreme

4. Decreased motion in your hip

4= none

3= mild

2= moderate

1= severe

0= extreme

**Sub total raw score: .....**

**INSTRUCTIONS:** The following 5 questions concern your physical function. For each of the following activities, please circle the response that most accurately reflects the difficulty that you have experienced in the past 48 hours because of your hip pain. Please circle one answer that best describes your situation.

**QUESTION:** What degree of difficulty do you have with-

1. Descending stairs?

4= none

3= mild

2= moderate

1= severe

0= extreme

2. Ascending stairs?

4= none

3= mild

2= moderate

1= severe

0= extreme

3. Rising from sitting?

4= none

3= mild

2= moderate

1= severe

0= extreme

4. Putting on socks/stockings?

4= none

3= mild

2= moderate

1= severe

0= extreme

5. Rising from bed?

4= none

3= mild

2= moderate

1= severe

0= extreme

**Sub total raw score: .....**

**INSTRUCTIONS:** The following 6 questions concern your ability to participate in certain types of activities. For each of the following activities, please circle the response that best reflects your current situation. If there is not a suitable answer, please estimate the most accurate. If you are yet to be able to participate in a certain activity, please estimate how much trouble your hip would cause if you had to perform that type of activity.

**QUESTION:** How much trouble does your hip cause you when you participate in-

1. High demand sports involving sprinting or cutting (for example, football, basketball, tennis and exercise aerobics)?

- 4= none
- 3= mild
- 2= moderate
- 1= severe
- 0= extreme

2. Low demand sports (for example, golfing and bowling)

- 4= none
- 3= mild
- 2= moderate
- 1= severe
- 0= extreme

3. Jogging for exercise?

- 4= none
- 3= mild
- 2= moderate
- 1= severe
- 0= extreme

4. Walking for exercise?

- 4= none
- 3= mild
- 2= moderate
- 1= severe
- 0= extreme

5. Heavy household duties (for example, lifting firewood and moving furniture)?

- 4= none
- 3= mild
- 2= moderate
- 1= severe
- 0= extreme

6. Light household duties (for example, cooking, dusting, vacuuming, and doing laundry)?

- 4= none
- 3= mild
- 2= moderate
- 1= severe
- 0= extreme

**Sub total raw score:..... Total raw score:..... Total hip score:.....**