

Name: _____

Date: _____

- ☐ Before surgery
☐ **Already had surgery:** ☐ 6 weeks ago ☐ 3 months ago ☐ 6 mos ago ☐ 1 year ago
☐ More than 1 year, please specify: _____

Modified Harris Hip Score:

Please select the one response that best reflects your pain:

- ☐ 1. None or you ignore it.
☐ 2. Slight, occasional, no compromise at all
☐ 3. Mild, no effect on average activities
☐ 4. Moderate pain, tolerable but concessions to pain are made. Some limitation of ordinary activity or work. May require pain medication stronger than aspirin.
☐ 5. Marked pain, serious limitation of activity.
☐ 6. Totally disabled, crippled, pain in bed, bedridden

After 6-9 blocks (about 1 mile), please describe how you would walk: (Please select only one response)

- ☐ 1. No limp
☐ 2. Slight limp
☐ 3. Moderate limp
☐ 4. Severe limp

Which kind of support do you use when you walk? (Please select only one response)

- ☐ 1. None
☐ 2. Cane for long walks
☐ 3. Cane most of the time
☐ 4. One crutch
☐ 5. Two canes
☐ 6. Two crutches
☐ 7. Not able to walk

Which one response best reflects how far you can walk?

- ☐ Unlimited
☐ 6 Blocks
☐ 2-3 Blocks
☐ Indoors only
☐ Bed and Chair

Which one response best reflects your ability to go up and down stairs?

- ☐ 1. Normally without using a railing
☐ 2. Normally using a railing
☐ 3. In any manner
☐ 4. Unable to use stairs.

How can you put on your socks and shoes? (Please select only one response)

- ☐ 1. With ease
☐ 2. With difficulty
☐ 3. Unable

Which one response best reflects your ability to sit?

- ☐ 1. Comfortably in an ordinary chair for one hour
☐ 2. On a high chair for one-half hour
☐ 3. Unable to sit comfortably in any chair

Are you or would you be able to use public transportation?

- ☐ Yes
☐ 2. No

VAS Scale:

Please rate your **pain** at rest on a scale from **1 (none) to 10 (severe)**:

1 2 3 4 5 6 7 8 9 10

Please rate your **pain** with daily activities:

1 2 3 4 5 6 7 8 9 10

Please rate your **pain** with your athletic activity:

1 2 3 4 5 6 7 8 9 10

Please rate your **level of satisfaction** with your hip. **1-not satisfied, 10-very satisfied.**

1 2 3 4 5 6 7 8 9 10

not satisfied at all

very satisfied

LOWER EXTREMITY FUNCTIONAL SCALE¹

Section 1: To be completed by patient

Name: _____ Age: _____ Date: _____

☐ Preop ☐ 6 mos postop ☐ 1 year postop ☐ Other: _____

Section 2: To be completed by patient

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today do you, or would you have difficulty at all with: (Circle one number on each line)

	Extreme Difficulty or Unable to Perform Activity	Quite a bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
a. Any of your usual work, housework or school activities.	0	1	2	3	4
b. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
c. Getting into or out of the bath.	0	1	2	3	4
d. Walking between rooms.	0	1	2	3	4
e. Putting on your shoes or socks.	0	1	2	3	4
f. Squatting	0	1	2	3	4
g. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
h. Performing light activities around your home.	0	1	2	3	4
i. Performing heavy activities around your home.	0	1	2	3	4
j. Getting into or out of a car.	0	1	2	3	4
k. Walking 2 blocks.	0	1	2	3	4
l. Walking a mile.	0	1	2	3	4
m. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
n. Standing for 1 hour.	0	1	2	3	4
o. Sitting for 1 hour.	0	1	2	3	4
p. Running on even ground.	0	1	2	3	4
q. Running on uneven ground.	0	1	2	3	4
r. Making sharp turns while running fast.	0	1	2	3	4
s. Hopping.	0	1	2	3	4
t. Rolling over in bed.	0	1	2	3	4
COLUMN TOTALS:					

Section 3: To be completed by provider

SCORE: _____ out of 80 (No Disability 80, SEM 5, MDC 9) **Initial** **FU** ____ **weeks**

¹ adapted from Binkley J et al; Phys Ther; 79: 371-383, 1999. [Prepared Feb 01]