

## The Hip Functional Status 10-Item Short Form

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The following assessment will ask you about difficulties you may have with certain activities. It is an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Activities	Extreme				
	Difficulty Or Unable To Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities	10	2 <b>O</b>	30	40	5 <b>O</b>
Walking between rooms	10	2 <b>O</b>	3 <b>O</b>	40	5 <b>O</b>
Squatting	10	2 <b>O</b>	3 <b>O</b>	4 <b>O</b>	5 <b>0</b>
Performing light activities around your home	10	20	3 🔾	40	5 🔿
Performing heavy activities around your home	10	20	3 🔾	40	5 🔾
Walking 2 blocks	10	2 <b>O</b>	30	40	5 <b>Q</b>
Going up or down 10 stairs (about 1 flight of stairs)	10	20	3 🔾	40	5 <b>O</b>
Standing for 1 hour	10	20	3 <b>O</b>	40	5 <b>0</b>
Running on even ground	10	20	3 🔾	40	5 <b>O</b>
Hopping	10	20	3 <b>O</b>	40	50

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