

Please complete both sides of this form

## UCLA Activity Score & HHS

**Visit** (circle one):      **Preop**      **6 Month**      **1 Year**      **2 Year**

Patient Name \_\_\_\_\_ Side: R / L

**CHECK ONLY ONE RESPONSE BELOW THAT MOST ACCURATELY REFLECTS YOUR CURRENT ACTIVITY LEVEL**

- 1. Wholly inactive; dependent upon others; cannot leave residence.
- 2. Mostly inactive; very restricted to minimum activities of daily living.
- 3. Sometimes participate in mild activities.
- 4. Regularly participate in mild activities, such as walking, limited housework and limited shopping.
- 5. Sometimes participate in moderate activities.
- 6. Regularly participate in moderate activities, such as swimming, and unlimited housework or shopping.
- 7. Regularly participate in active events, such as bicycling.
- 8. Regularly participate in very active events, such as bowling or golf.
- 9. Sometimes participate in impact sports.
- 10. Regularly participate in impact sports, such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking.

Please complete both sides of this form

# Hip Registry - HHS

Please Select One Answer for Each Question

1. How much pain do you have when you are walking?

(check one)

- None
- Slight; occasional ache or low grade pain, pain does not compromise activity level
- Mild; no effect on average activities, rarely may have moderate pain following unusual activities, may take aspirin
- Moderate; pain tolerable but make concessions to the pain, some limitation of ordinary activities but unable to work regularly, may occasionally require pain medication stronger than aspirin
- Marked; severe pain at times, but still able to walk; serious limitations of activities; usually or frequently takes pain medication stronger than aspirin
- Disabled; severe pain even in bed, pain forces you to bed, crippled by pain, bedridden

2. Does your operative hip cause you to limp?

(check one)

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

3. What type of support do you use when walking?

(check one)

- None
- Single cane for long walks
- Single cane most of the time
- One crutch
- Two canes
- Two crutches/walker
- Unable to walk

4. How far can you walk? (check one)

- Unlimited
- 6 blocks
- 2-3 blocks
- Indoors only
- From the bed to a chair
- Unable to walk

5. How do you go up stairs? (check one)

- Foot over foot without using a hand rail
- Foot over foot using a hand rail
- Able to climb stairs, but extremely difficult
- Unable to climb stairs

6. Are you able to get in and out of a car?

- No
- Yes

7. Are you able to drive?

- No
- Yes

8. Are you able to sit in a chair?

- Comfortable in any chair for 1 hour
- Comfortable in tall chair for ½ hour
- Unable to sit in any chair

9. Are you able to put on socks and shoes?

- With ease
- With difficulty
- Unable to put on socks and shoes