

If you are over 10 years old, please complete:

Modified Harris Hip Score

For each category, check the box that best describes you: **(Please check only one box.)**

1. Which of these categories would best describe your hip pain?

- ₄₄ None/Able to ignore it
- ₄₀ Slight, occasional, no compromise in activity
- ₃₀ Mild, no effect on ordinary activity, pain after unusual activity, use aspirin/ibuprofen/Tylenol
- ₂₀ Moderate, tolerable, make concessions, occasional pain reliever stronger than aspirin or Tylenol
- ₁₀ Marked, serious limitations
- ₀ Totally disabled

2. Functional capacity (Please check only one box for each question below.)

a. How much do you limp while walking?

- ₁₁ None
- ₈ Slight
- ₅ Moderate
- ₀ Severe
- ₀ Unable to walk

d. How do you go up and down stairs?

- ₄ Normally (1 foot on each step)
- ₂ Normally with banister
- ₁ Any method (both feet on each step)
- ₀ Not able

b. Do you need support when walking?

- ₁₁ None
- ₇ Cane for long walks
- ₅ Cane all the time
- ₄ Crutch
- ₂ 2 canes
- ₀ 2 crutches
- ₀ Walker
- ₀ Unable to walk

e. How do you put on shoes and socks?

- ₄ With ease
- ₂ With difficulty
- ₀ Unable

f. How long can you sit in a chair?

- ₅ Any chair, 1 hour
- ₃ High chair, ½ hour
- ₀ Unable to sit in any chair ½ hour

c. How far can you walk without stopping because of hip pain?

- ₁₁ Unlimited
- ₈ 6 blocks
- ₅ 2—3 blocks
- ₂ Indoors only
- ₀ Bed and chair only

g. Are you able to use public transportation such as a bus or light rail if you wanted to?

- ₁ Able to use
- ₀ Unable to use

FOR CLINICAL STAFF TO SCORE:

Total Points: _____
X 1.1

Total Score: _____