

**HOOS Survey**

**HOOS Symptoms**

Question	Answer
Grinding, clicking, or any other noise	3-Sometimes
Difficulty spreading legs wide apart	3-Moderate
Difficulties to stride out when walking	2-Mild

**Joint Stiffness**

Question	Answer
After first wakening in the morning	3-Moderate
After first sitting, lying or resting later in the day	2-Mild

**HOOS Pain**

Question	Answer
How often is your hip painful	1-Never
Straightening your hip fully	3-Moderate
Bending your hip fully	2-Mild
Walking on a flat surface	3-Moderate
When going up or downstairs	3-Moderate

**Degree of Difficulty**

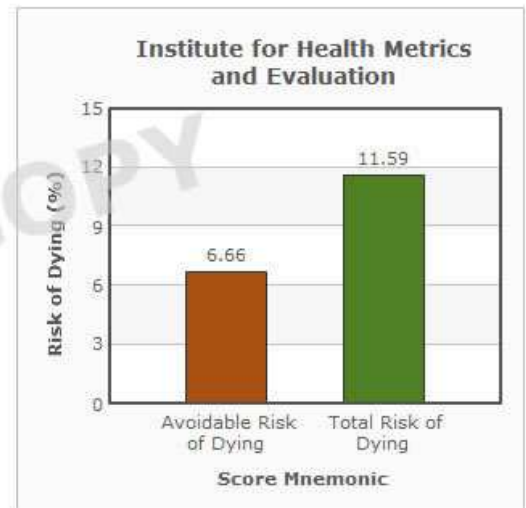
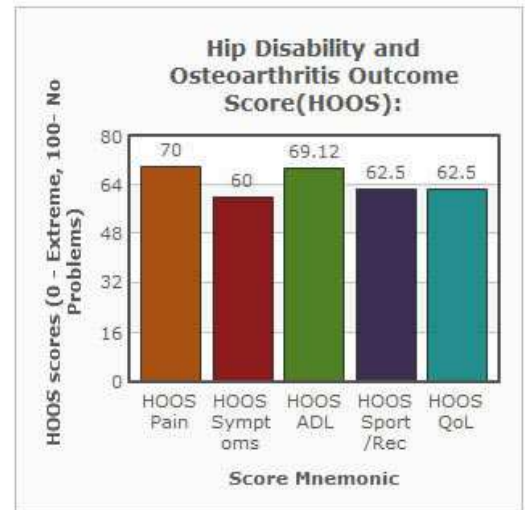
Question	Answer
Descending stairs	2-Mild
Ascending stairs	2-Mild
Rising from sitting	3-Moderate
Degree of difficulty standing	1-None
Squatting	3-Moderate
Running	2-Mild
Twisting or pivoting on loaded leg	2-Mild
Walking on uneven surface	3-Moderate

**HOOS Quality of Life**

Question	Answer
How often are you aware of your hip problem	2-Monthly
Modified your lifestyle to avoid activities	3-Moderate
Troubled with lack of confidence in your hip	2-Mild
In general, how much difficulty with your Hip	3-Moderate

**IHME Summary**

Question	Answer
Alcohol Excess	Never
Smoking status	Former smoker, quit <1 year ago
Fruit Intake	1 servings per day
Vegetable Intake	1 servings per day
Fish Intake	1 servings per week
Fish Oil or fatty acid supplement	2 servings per week
Peanut butter	1 servings per day
Nuts intake	1 servings per day
Moderate exercise	1 days per week; 12 minutes per day
Seatbelt usage	Always



**KOOS Survey**

**KOOS Symptoms**

Question	Answer
Grinding, clicking, or any other noise	3-Sometimes
Catch up or hang up when moving	2-Mild
Straighten your knee fully	3-Moderate

**Joint Stiffnes**

Question	Answer
After first wakening in the morning	3-Moderate
After first sitting, lying or resting later in the day	2-Mild

**KOOS Pain**

Question	Answer
How often you experience knee pain	3-Weekly
Straightening your knee fully	3-Moderate
Bending your knee fully	2-Mild
Walking on a flat surface	3-Moderate
When going up or downstairs	4-Severe

**Degree of Difficulty**

Question	Answer
Descending stairs	2-Mild
Ascending stairs	3-Moderate
Rising from sitting	2-Mild
Degree of difficulty standing	1-None
Squatting	3-Moderate
Running	4-Severe
Twisting or pivoting on your injured knee	2-Mild
Kneeling	4-Severe

**KOOS Quality of Life**

Question	Answer
How often are you aware of your knee problem	3-Weekly
Modified your lifestyle to avoid activities	4-Severe
Troubled with lack of confidence in your knee	2-Mild
In general, how much difficulty with your Knee	3-Moderate



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**Minnesota Living with Heart Failure**

**Physical Symptoms**

Question	Answer
Caused shortness of breath	1-Very Little
Caused fatigue or felt low on energy	3
Difficult to sleep well at night	4
Caused swelling in your ankles or legs	2

**Psychological Symptoms**

Question	Answer
Felt depressed	3
Felt worried	2

**Physical Function**

Question	Answer
Difficult to walk about or climb stairs	2
Difficult to work around the house or yard	1-Very Little
Made you sit or lie down to rest during the day	3
Made you sexual activities difficult	3
Made your recreational pastimes, hobbies, or sports difficult	1-Very Little
Made you eat less of the foods you like	4

**Social Function**

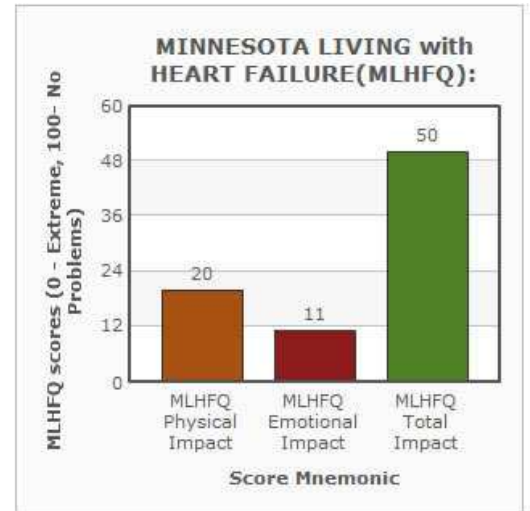
Question	Answer
Difficult to go places away from home	3
Difficult to earn a living	2
Difficult to do things with family	3

**Emotional Function**

Question	Answer
Felt like a burden to your family or friends	3
Difficult to concentrate	1-Very Little
Felt loss of self-control in your life	2

**Treatments**

Question	Answer
Caused side effects from treatments	1-Very Little
Made you stay in a hospital	4
Cost you money for medical care	2



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