



Modified Harris Hip Score (mHHS)

Date _____

Patient Name _____ Date of Birth _____

Hip Right Left Have you had surgery on this hip by Dr. Byrd before? YES NO
If so, how long ago was the surgery? 3 months 1 yr 2 yrs 5 yrs 10 yrs 15 yrs 20 yrs 25 yrs
Are you glad you did the surgery? YES NO

Please think about how you feel on an average day and check one box under each heading.

PAIN:

- None or it can be ignored (44)
- Slight, occasional with no compromise in activities (40)
- Mild pain, no effect on average activities, rarely moderate pain after unusual activities, uses aspirin (30)
- Moderate pain, tolerable but makes concessions to pain. Some limitation to ordinary activity or work.
May require occasional pain medicine stronger than aspirin (20)
- Marked pain, serious limitation of activities (10)
- Totally disabled, crippled, pain in bed, bedridden (0)

FUNCTION:

Limp:	Distance Walked	Support
None (11)	Not limited (11)	None (11)
Slight (8)	Can walk 1 mile (8)	Cane for long walks (7)
Moderate (5)	Can walk ½ mile (5)	Cane most of the time (5)
Severe (0)	Indoors only (2)	One crutch (4)
Unable to walk (0)	From bed to chair (0)	Two canes (2)
		Two crutches (0)
		Not able to walk (specify reason) _____ (0)

ACTIVITIES

Stairs

- Normally without using a railing (4)
- Normally using a railing (2)
- In any manner (1)
- Unable to do stairs (0)

Shoes and Socks

- With ease (4)
- With difficulty (2)
- Unable(0)

Sitting

- Comfortably on an ordinary chair for one hour (5)
- On a high chair for 30 minutes (3)
- Unable to sit comfortably in any chair (0)

Public Transportation

- Able to enter public transportation (1)
- Unable to enter public transportation (0)