

Patient Label

UNIVERSITY of CALIFORNIA • IRVINE
HEALTHCARE

UCLA ACTIVITY SCORE

Hip ID: _____ Study Hip: Left Right

Interval: _____

Check one box that best describes current activity level.

- 1: Wholly Inactive, dependent on others, and can not leave residence
- 2: Mostly Inactive or restricted to minimum activities of daily living
- 3: Sometimes participates in mild activities, such as walking, limited housework and limited shopping
- 4: Regularly Participates in mild activities
- 5: Sometimes participates in moderate activities such as swimming or could do unlimited housework or shopping
- 6: Regularly participates in moderate activities
- 7: Regularly participates in active events such as bicycling
- 8: Regularly participates in active events, such as golf or bowling
- 9: Sometimes participates in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking
- 10: Regularly participates in impact sports

Patient Signature: _____ Date: _____ Time: _____

Provider Signature/Title: _____ Date: _____ Time: _____

