## UCLA Activity Score

### Hip ID:

<table>
<thead>
<tr>
<th>Study Hip:</th>
<th>☐ Left</th>
<th>☐ Right</th>
</tr>
</thead>
</table>

### Examination Date (MM/DD/YY):

/ / 

### Subject Initials:

| _____ | _____ | _____ |

### Medical Record Number:


### 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