Background: Hip fractures are a major cause of morbidity and decreased mobility for older people which result in impaired health related quality of life (HRQOL). Its impact, both on the individual and to the society is substantial. Purpose: The aim of this study was to assess the association between HRQOL and type of hip fracture (cervical or trochanteric fracture), physical function (muscle strength, mobility, balance) and age in a population of elderly patients with hip fracture 3 months after surgery. Materials and Methods: A cross-sectional study in a population of 84 patients, 19 males and 65 females, mean age 82.5 years (range 67-96) sustaining cervical (n=54) or trochanteric (n=30) fractures. The patients were treated at hospital 3 months after hip surgery. Methods to evaluate physical function included both self reported and performance based measures. The patients were interviewed regarding their need of walking aid, ability to walk outdoor (WO) and distance outdoor (WDO). Goldbergs General Health Questionnaire (GHQ20) was utilized to measure health related quality of life (HRQOL). The Timed Up & Go (TUG), Six Minutes Walk (6MW), Berg balance Scale (BBS), Hand grip strength (HGS, Jamar dynamometer) and timed Chair Stand (TCS) were used to measure physical function. Results: There was a significant relationship (Spearman correlation) with age and HRQOL (p=0.32, p≤0.05). There was a significant difference (t=2.79, p=0.006) between cervical and trochanteric fracture. Patients with trochanteric fracture had a significant better score on HRQOL compared to patients with cervical fracture (t=3.4, p=0.003). 82.9% of the patients reported need of walking aid indoor, 93.3% reported need of walking aid outdoor. There was a bivariate significant relation between good performance on physical function and HRQOL. Patients with trochanteric fracture had a significant better score on HRQOL compared to patients with cervical fracture. The GHQ20, TUG, BBS and TCS were used to measure physical function. Results: There was a significant difference (t=2.79, p=0.006) between cervical and trochanteric fracture. Patients with trochanteric fracture had a significant better score on HRQOL compared to patients with cervical hip fracture. Good performances in lower limb muscle strength, balance and mobility were independently related to a better HRQOL.