

## Oxford Hip Score (OHS)

Dawson, J. *et al.* (1996) 'Questionnaire on the perceptions of patients about total hip replacement', *Journal of Bone and Joint Surgery - Series B*, 78(2), pp. 185–190. doi: 10.1302/0301-620x.78b2.0780185.

Question	Scored answers
1. During the past 4 weeks, how would you describe the pain you usually have from your hip?	0 = Severe 1 = Moderate 2 = Mild 3 = Very mild 4 = None
2. During the past 4 weeks, have you had any trouble washing and drying yourself (all over) because of your hip?	0 = Impossible to do 1 = Extreme difficulty 2 = Moderate trouble 3 = Very little trouble 4 = No trouble at all
3. During the past 4 weeks, have you had any trouble getting in and out of the car or using public transport because of your hip? (whichever you tend to use)	0 = Impossible to do 1 = Extreme difficulty 2 = Moderate trouble 3 = Very little trouble 4 = No trouble at all
4. During the past 4 weeks, have you been able to put on a pair of socks, stockings or tights?	0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily

<b>5. During the past 4 weeks, could you do the household shopping on your own?</b>	0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily
<b>6. During the past 4 weeks, for how long have you been able to walk before pain from your hip becomes severe? (with or without a stick)</b>	0 = Not at all/pain severe when walking 1 = Around the house only 2 = 5 to 15 minutes 3 = 16 to 30 minutes 4 = No pain/more than 30 minutes
<b>7. During the past 4 weeks, have you been able to climb a flight of stairs?</b>	0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily
<b>8. During the past 4 weeks, after a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?</b>	0 = Unbearable 1 = Very painful 2 = Moderately painful 3 = Slightly painful 4 = Not at all painful
<b>9. During the past 4 weeks, have you been limping when walking, because of your hip?</b>	0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes, or just at first 4 = Rarely/never

<p><b>10. During the past 4 weeks, have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?</b></p>	<p>0 = Every day 1 = Most days 2 = Some days 3 = Only 1 or 2 days 4 = No days</p>
<p><b>11. During the past 4 weeks, how much has pain from your hip interfered with your usual work (including housework)?</b></p>	<p>0 = Totally 1 = Greatly 2 = Moderately 3 = A little bit 4 = Not at all</p>
<p><b>12. During the past 4 weeks, have you been troubled by pain from your hip in bed at night?</b></p>	<p>0 = Every night 1 = Most nights 2 = Some nights 3 = Only 1 or 2 nights 4 = No nights</p>