

Oxford hip score questionnaire

1.How would you describe the pain you usually had from your hip?

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe

2.Have you had any trouble with washing and drying yourself (all over) because of your hip?

- ☐ No trouble at all
- ☐ Very little trouble
- ☐ Moderate trouble
- ☐ Extreme difficult
- ☐ Impossible to do

3.Have you had any trouble getting in and out of a car or using public transport because of your hip? (whichever you tend to use)

- ☐ No trouble at all
- ☐ Very little trouble
- ☐ Moderate trouble
- ☐ Extreme difficult
- ☐ Impossible to do

4.Have you been able to put on a pair of socks, stockings or tights?

- ☐ No trouble at all
- ☐ Very little trouble
- ☐ Moderate trouble
- ☐ Extreme difficult
- ☐ Impossible to do

5.Could you do the household shopping on your own?

- ☐ No trouble at all
- ☐ Very little trouble
- ☐ Moderate trouble
- ☐ Extreme difficult
- ☐ Impossible to do

6.For how long have you been able to walk before pain from your hip becomes severe? (with or without a stick)

- ☐ No pain/ More than 30 minutes
- ☐ 16 to 30 minutes
- ☐ 5 to 15 minutes
- ☐ Around the house only
- ☐ Not at all -pain severe on walking

7.Have you been able to climb a flight of stairs?

- ☐ Yes,easliy
- ☐ with little difficulty
- ☐ with moderate difficulty
- ☐ with extreme difficulty
- ☐ No, impossible

8.After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?

- ☐ No at all painful.
- ☐ slightly painful
- ☐ Moderately painful
- ☐ Very painful
- ☐ Unbearable

9.Have you been limping when walking, because of your hip?

- ☐ Rarely/Never
- ☐ Sometimes or just at first
- ☐ Most of the time
- ☐ All of the time
- ☐ Not at all -pain severe on walking

10.Have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?

- ☐ No days
- ☐ Only 1 or 2 days
- ☐ Some days
- ☐ Most days
- ☐ Every day

11.How much has pain from your hip interfered with your usual work

- ☐ Not at all
- ☐ A little bit
- ☐ Moderately
- ☐ Greatly
- ☐ Totally

12.Have you been troubled by pain from your hip in bed at night?

- ☐ No nights
- ☐ Only one or two nights
- ☐ Some nights
- ☐ Most nights
- ☐ Every nights

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