

## Oxford HIP Score

Patient's name: \_\_\_\_\_

Timeframe: pre op 3/52 6/52 3/12 6/12 12/12

Side L / R Appt date \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Patient to complete. Tick (✓) one box for every question

|   |  |
|---|--|
| <p><b>1. During the past 4 weeks</b><br/><b>How would you describe the pain in your hip?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> None</li><li><input type="checkbox"/> Very Mild</li><li><input type="checkbox"/> Mild</li><li><input type="checkbox"/> Moderate</li><li><input type="checkbox"/> Severe</li></ul>   | <p><b>7. During the past 4 weeks</b><br/><b>Have you been able to put on a pair of socks, stockings or tights?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No trouble at all</li><li><input type="checkbox"/> Very little trouble</li><li><input type="checkbox"/> Moderate trouble</li><li><input type="checkbox"/> Extreme trouble</li><li><input type="checkbox"/> Impossible to do</li></ul>                                  |
| <p><b>2. During the past 4 weeks</b><br/><b>Have you been troubled by pain from your hip in bed at night?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No nights</li><li><input type="checkbox"/> Only 1 or 2 nights</li><li><input type="checkbox"/> Some nights</li><li><input type="checkbox"/> Most nights</li><li><input type="checkbox"/> Every night</li></ul>   | <p><b>8. During the past 4 weeks</b><br/><b>After a meal (sat at a table), how painful is the hip to stand up?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Not at all painful</li><li><input type="checkbox"/> Slightly painful</li><li><input type="checkbox"/> Moderately painful</li><li><input type="checkbox"/> Very painful</li><li><input type="checkbox"/> Unbearable</li></ul>   |
| <p><b>3. During the past 4 weeks</b><br/><b>Have you had any sudden, severe pain- (shooting/stabbing or spasms) from the hip?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No days</li><li><input type="checkbox"/> Only 1 or 2 days</li><li><input type="checkbox"/> Some days</li><li><input type="checkbox"/> Most days</li><li><input type="checkbox"/> Every day</li></ul>   | <p><b>9. During the past 4 weeks</b><br/><b>Have you had any trouble getting in and out of a car or using public transport because of your hip?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No trouble at all</li><li><input type="checkbox"/> Very little trouble</li><li><input type="checkbox"/> Moderate trouble</li><li><input type="checkbox"/> Extreme trouble</li><li><input type="checkbox"/> Impossible to do</li></ul> |
| <p><b>4. During the past 4 weeks</b><br/><b>Have you been limping when walking because of your hip?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Rarely/never</li><li><input type="checkbox"/> Sometimes, or just at first</li><li><input type="checkbox"/> Often, not just at first</li><li><input type="checkbox"/> Most of the time</li><li><input type="checkbox"/> All of the time</li></ul>                           | <p><b>10. During the past 4 weeks</b><br/><b>Have you had any trouble with washing and drying yourself (all over) because of your hip?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No trouble at all</li><li><input type="checkbox"/> Very little trouble</li><li><input type="checkbox"/> Moderate trouble</li><li><input type="checkbox"/> Extreme trouble</li><li><input type="checkbox"/> Impossible to do</li></ul>          |
| <p><b>5. During the past 4 weeks</b><br/><b>How long can you walk (with or without stick) before the pain in your hip becomes severe?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No pain/more than 30mins</li><li><input type="checkbox"/> 16-30 mins</li><li><input type="checkbox"/> 5-15 mins</li><li><input type="checkbox"/> Around the house only</li><li><input type="checkbox"/> Not at all/pain severe</li></ul> | <p><b>11. During the past 4 weeks</b><br/><b>Could you do the household shopping on your own?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, easily</li><li><input type="checkbox"/> With little difficulty</li><li><input type="checkbox"/> With moderate difficulty</li><li><input type="checkbox"/> With extreme difficulty</li><li><input type="checkbox"/> No, impossible</li></ul>  |
| <p><b>6. During the past 4 weeks</b><br/><b>Have you been able to climb a flight of stairs?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes, easily</li><li><input type="checkbox"/> With little difficulty</li><li><input type="checkbox"/> With moderate difficulty</li><li><input type="checkbox"/> With extreme difficulty</li><li><input type="checkbox"/> No, impossible</li></ul>                                   | <p><b>12. During the past 4 weeks</b><br/><b>How much has pain from your hip interfered with your usual work (including housework)?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Not at all</li><li><input type="checkbox"/> A little bit</li><li><input type="checkbox"/> Moderately</li><li><input type="checkbox"/> Greatly</li><li><input type="checkbox"/> Totally</li></ul>  |