

## 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

1. During the past 4 weeks...

How would you describe the pain you usually have from your hip?

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During the past 4 weeks...

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

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past 4 weeks...

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the past 4 weeks...

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

Rarely/ never	Sometimes, or just at first	Often, not just at first	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 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)

No pain/More than 30 mins	16 to 30 minutes	5 to 15 minutes	Around the house only	Not at all/pain severe on walking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During the past 4 weeks...

Have you been able to climb a flight of stairs?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the past 4 weeks...

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

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past 4 weeks...

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 difficulty	Impossible to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During the past 4 weeks...

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 difficulty	Impossible to do
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the past 4 weeks...

Could you do the household shopping on your own?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the past 4 weeks...

How much has pain from your hip interfered with your usual work (including housework)?

Not at all	A little bit	Moderately	Greatly	Totally
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finally, please check back that you have answered each question.**

**Thank you very much.**