Oxford Hip Score

PATIENT NAME:_____

Impossible to do

1. How would you describe the pain you usually have in your hip?	4. Have you been limping when walking because of your hip
None	Rarely/never
Very mild	Sometimes or just at first
⊚ Mild	Often, not just at first
Moderate Severe 2. Have you been troubled by pain from your hip at night?	Most of the time
	All of the time
	5. How long can you walk for before the pain in your hip becomes severe (with or without a walking aid)?
No nights	No pain for 30 minutes or more
Only 1 or 2 nights	16 to 30 minutes
O Some nights	5 to 15 minutes
Most nights	Around the house only
© Every night 3. Have you had any sudden, severe pain - "shooting, stabbing or spasms"?	Not at all6. Have you been able to climb a flight of stairs?
Only 1 or 2 days	With little difficulty
O Some days	With moderate difficulty
Most days	With extreme difficulty
© Every day	No, impossible
7. Have you been able to put on socks, stockings or tights?	10. Have you had any trouble with washing and drying
	yourself, all over, because of your hip?
Yes, easily	No trouble at all
With little difficulty	Very little trouble
With moderate difficulty	Moderate trouble
With extreme difficulty	Extreme difficulty
No, impossible	
8. After sitting to a meal, how painful is it to stand up because of your hip?	11. Could you do the household shopping on your own?
Not at all painful	Yes, easily
Slightly painful	With little difficulty
Moderately painful	With moderate difficulty
Very painful	With extreme difficulty
O Unbearable	No, impossible
9. Have you had any trouble getting in and out of a car or public transportation because of your hip?	12. How much has pain from your hip interfered with your usual work, including housework?
No trouble at all	Not at all
Very little trouble	A little bit
Moderate trouble	Moderately
Extreme difficulty	

Totally