

Oxford HIP Score

Patient's name:		
Side L / R Appt date		
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Timeframe (for office use) \square pre op \square 3/52 \square 6/52 \square 3/12 \square 6/12 \square 12/12		
Patient to complete. Please select one box for every question		
1. During the past 4 weeks How would you describe the pain in your hip? None Very Mild Mild Moderate Severe	5. During the past 4 weeks How long can you walk (with or without stick) before the pain in your hip becomes severe? No pain/more than 30 mins 16–30 mins 5–15 mins Around the house only Not at all/pain severe	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? No trouble at all Very little trouble Moderate trouble Extreme trouble Impossible to do
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	6. During the past 4 weeks Have you been able to climb a flight of stairs? Yes, easily With little difficulty With moderate difficulty No, impossible	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 trouble Impossible to do
3. During the past 4 weeks Have you had any sudden, severe pain (shooting/stabbing or spasms) from the hip? No days Only 1 or 2 days Some days Most days Every day	7. During the past 4 weeks Have you been able to put on a pair of socks, stockings or tights? No trouble at all Very little trouble Moderate trouble Extreme trouble Impossible to do	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
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	8. During the past 4 weeks After a meal (sat at a table), how painful is the hip to stand up? Not at all painful Slightly painful Moderately painful Very painful Unbearable	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

Forms cannot be filled in directly on the website. Please download this form before filling it in.