msk ciac | Musculoskeletal Central Intake & Assessment Centre

Oxford Hip Score

Name: _____ Date: _____

During the past 4 weeks…

Please tick one box for every question.

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

☐ None (1) ☐ Very mild (2) ☐ Mild (3) ☐ Moderate (4) ☐ Severe (5)

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

☐ No nights (1) ☐ Only 1 or 2 nights (2) ☐ Some nights (3) ☐ Most nights (4) ☐ Every night (5)

3. Have you had any sudden, severe pain – "shooting", "stabbing", or "spasms" – from the affected hip?

☐ No days (1) ☐ Only 1 or 2 days (2) ☐ Some days (3) ☐ Most days (4) ☐ Every day (5)

4. Have you been limping because of your hip?

☐ Rarely/never (1) ☐ Sometimes, or just at first (2) ☐ Often, not just at first (3) ☐ Most of the time (4) ☐ All of the time (5)

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

☐ No pain/more than 30 mins (1) ☐ 16 to 30 minutes (2) ☐ 5 to 15 minutes (3) ☐ Around the house only (4) ☐ Not at all (5)

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

☐ Yes, easily (1) ☐ With little difficulty (2) ☐ With moderate difficulty (3) ☐ With extreme difficulty (4) ☐ No, Impossible (5)

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

☐ Yes, easily (1) ☐ With little difficulty (2) ☐ With moderate difficulty (3) ☐ With extreme difficulty (4) ☐ No, Impossible (5)

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?

☐ Not at all painful (1) ☐ Slightly painful (2) ☐ Moderately painful (3) ☐ Very painful (4) ☐ Unbearable (5)

Please turn page over

During the past 4 weeks…

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

☐ No trouble at all (1) ☐ Very little trouble (2) ☐ Moderate trouble (3) ☐ Extreme difficulty (4) ☐ Impossible to do so (5)

10. Have you had any trouble with washing and drying yourself (all over) <u>because of your hip</u>?

☐ No trouble at all (1) ☐ Very little trouble (2) ☐ Moderate trouble (3) ☐ Extreme difficulty (4) ☐ Impossible to do so (5)

11. <u>Could</u> you do the household shopping <u>on your own</u>?

☐ Yes, easily (1) ☐ With little difficulty (2) ☐ With moderate difficulty (3) ☐ With extreme difficulty (4) ☐ No, Impossible (5)

12. How much has <u>pain from your hip</u> interfered with your usual work (including housework)?

☐ Not at all (1) ☐ A little bit (2) ☐ Moderately (3) ☐ Greatly (4) ☐ Totally (5)

Thank you for completing this questionnaire.

Total Score _____