

Please answer the following 12 questions. Choose only one answer per question. The value for each answer is indicated to the left of the answer. Total up all of your answers to obtain a total score out of 48 points.

**During the past 4 weeks...**

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

- 4) None
  - 3) Very mild
  - 2) Mild
  - 1) Moderate
  - 0) Severe
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**2. Have you been troubled by pain from your hip in bed at night?**

- 4) No nights
  - 3) Only 1 or 2 nights
  - 2) Some nights
  - 1) Most nights
  - 0) Every night
- 

**3. Have you had any sudden, severe pain-' shooting', 'stabbing', or 'spasms' from your affected hip?**

- 4) No days
  - 3) Only 1 or 2 days
  - 2) Some days
  - 1) Most days
  - 0) Every day
- 

**4. Have you been limping when walking because of your hip?**

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

**5. For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)?**

- 4) No pain for 30 minutes or more.
  - 3) 16 to 30 minutes
  - 2) 5 to 15 minutes
  - 1) Around the house only
  - 0) Not at all
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**6. Have you been able to climb a flight of stairs?**

- 4) Yes, easily
  - 3) With little difficulty
  - 2) With moderate difficulty
  - 1) With extreme difficulty
  - 0) No, impossible
- 

**NAME**

**HOSPITAL NUMBER**

**DATE**

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

- 4) Yes, easily
  - 3) With little difficulty
  - 2) With moderate difficulty
  - 1) With extreme difficulty
  - 0) No, impossible
- 

**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?**

- 4) Not at all painful
  - 3) Slightly painful
  - 2) Moderately painful
  - 1) Very painful
  - 0) Unbearable
- 

**9. Have you had any trouble getting in and out of a car or using public transportation because of your hip?**

- 4) No trouble at all
  - 3) Very little trouble
  - 2) Moderate trouble
  - 1) Extreme difficulty
  - 0) Impossible to do
- 

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

- 4) No trouble at all
  - 3) Very little trouble
  - 2) Moderate trouble
  - 1) Extreme difficulty
  - 0) Impossible to do
- 

**11. Could you do the household shopping on your own?**

- 4) Yes, easily
  - 3) With little difficulty
  - 2) With moderate difficulty
  - 1) With extreme difficulty
  - 0) No, impossible
- 

**12. How much has pain from your hip interfered with your usual work, including housework?**

- 4) Not at all
  - 3) A little bit
  - 2) Moderately
  - 1) Greatly
  - 0) Totally
- 

<b>TOTAL =        /        48</b>
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## OXFORD HIP SCORE

**Reference:** Dawson, Jill; Fitzpatrick, Ray; Carr, Andrew; Murray, David. Questionnaire on the perceptions of patients about total hip replacement. *British Journal of Bone and Joint Surgery*. March 1996; 78-B(2): 185-190.