# Problems with your hip

**During the past 4 weeks..** ✓ tick one box for every question.

1. **During the past 4 weeks**
   How would you describe the pain you **usually** had from your hip?
   - None
   - Very mild
   - Mild
   - Moderate
   - Severe

2. **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

3. **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

4. **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

5. **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

6. **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 minutes
   - 16 to 30 minutes
   - 5 to 15 minutes
   - Around the house only
   - Not at all - pain severe on walking

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P.T.O./
During the past 4 weeks...

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
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<tbody>
<tr>
<td>Have you been able to climb a flight of stairs?</td>
<td>Yes, Easily With little difficulty With moderate difficulty With extreme difficulty No, Impossible</td>
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<tr>
<td>After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?</td>
<td>Not at all Slightly painful Moderately painful Very painful Unbearable</td>
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<tr>
<td>Have you been limping when walking, because of your hip?</td>
<td>Rarely/never Sometimes, or just at first Often, not just at first Most of the time All of the time</td>
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<tr>
<td>Have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?</td>
<td>No days Only 1 or 2 days Some days Most days Every day</td>
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<tr>
<td>How much has pain from your hip interfered with your usual work (including housework)?</td>
<td>Not at all A little bit Moderately Greatly Totally</td>
</tr>
<tr>
<td>Have you been troubled by pain from your hip in bed at night?</td>
<td>No nights Only 1 or 2 nights Some nights Most nights Every night</td>
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</table>