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?
<table>
<thead>
<tr>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. **During the past 4 weeks...**
   Have you had any trouble with washing and drying yourself (all over) because of your hip?
<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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)*
<table>
<thead>
<tr>
<th>No trouble at all</th>
<th>Very little trouble</th>
<th>Moderate trouble</th>
<th>Extreme difficulty</th>
<th>Impossible to do</th>
</tr>
</thead>
<tbody>
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</table>

4. **During the past 4 weeks...**
   Have you been able to put on a pair of socks, stockings or tights?
<table>
<thead>
<tr>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

5. **During the past 4 weeks...**
   Could you do the household shopping on your own?
<table>
<thead>
<tr>
<th>Yes, Easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, Impossible</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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)*
<table>
<thead>
<tr>
<th>No pain/ More than 30 minutes</th>
<th>16 to 30 minutes</th>
<th>5 to 15 minutes</th>
<th>Around the house only</th>
<th>Not at all - pain severe on walking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Oxford Hip Score © Department of Public Health, University of Oxford, Old Road Campus, Oxford OX3 7LF, UK.
### During the past 4 weeks...

#### Have you been able to climb a flight of stairs?

- Yes, Easily
- With little difficulty
- With moderate difficulty
- With extreme difficulty
- No, Impossible

#### 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
- Slightly painful
- Moderately painful
- Very painful
- Unbearable

#### 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

#### Have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?

- No days
- Only 1 or 2 days
- Some days
- Most days
- Every day

#### How much has pain from your hip interfered with your usual work (including housework)?

- Not at all
- A little bit
- Moderately
- Greatly
- Totally

#### 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

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