# HIP SURGERY QUESTIONNAIRE - OXFORD HIP SCORE

## Identify your procedure

<table>
<thead>
<tr>
<th>What type of visit is it?</th>
<th>Laterality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Surgery ☐</td>
<td>Left ☐</td>
</tr>
<tr>
<td>After Surgery ☐</td>
<td>Right ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint</th>
<th>Primary ☐</th>
<th>Revision ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date form completed____________________ Date of Surgery (If known):____________________

Tick (✓) one box for every question.

### Q1. During the past 4 weeks...
How would you describe the pain you usually have from your hip?

- None ☐
- Very mild ☐
- Mild ☐
- Moderate ☐
- Severe ☐

### Q2. 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 ☐

### Q3. 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 ☐

### Q4. 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 ☐

### Q5. 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 ☐
Q6. 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

Q7. 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

Q8. During the past 4 weeks…
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

Q9. 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

Q10. During the past 4 weeks…
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

Q11. 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

Q12. 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 nights

Finally, please check back that you have answered each question. Thank you.