Oxford Hip Score (OHS)

English version for the United Kingdom

Prior to completing the questionnaire please complete the following:-

**Today’s Date:**

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On which side of your body is the affected hip for which you are receiving treatment?

- Left
- Right
- Both

*If you said ‘both’, please complete the first questionnaire thinking about the right side. A second questionnaire, for the left side, will follow.*
**PROBLEMS WITH YOUR HIP**

Tick (✔) **one** box for **every** question.

1. **During the past 4 weeks...**
   How would you describe the pain you **usually** have 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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<tr>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tr>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<tr>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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 when walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 7. 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

### 8. 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

### 9. 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

### 10. 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

### 11. 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

### 12. 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 night

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

Thank you very much.