

Please check the box that describes your hip over the past 4 weeks....

- 1) How would you describe the pain you usually have in your hip?
  - ☐ None
  - ☐ Very mild
  - ☐ Mild
  - ☐ Moderate
  - ☐ Severe
- 2) 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
- 3) Have you had any sudden, severe pain (shooting, stabbing, or spasms) from your affected hip?
  - ☐ No days
  - ☐ Only 1 or 2 days
  - ☐ Some days
  - ☐ Most days
  - ☐ Every day
- 4) 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
- 5) For how long have you been able to walk before the pain in your hip become severe (with or without a walking aid)?
  - ☐ No pain for 30 minutes or more
  - ☐ 16 to 30 minutes
  - ☐ 5 to 15 minutes
  - ☐ Around the house only
  - ☐ Not at all
- 6) Have you been able to climb a flight of stairs?
  - ☐ Yes, easily
  - ☐ With little difficulty
  - ☐ With moderate difficulty
  - ☐ With extreme difficulty
  - ☐ No, impossible
- 7) 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

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OFFICE USE ONLY

**OXFORD HIP EVALUATION FORM**

NAME \_\_\_\_\_

S.O.C. \_\_\_\_\_ REF MD \_\_\_\_\_

- 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?
- ☐ Not at all painful
  - ☐ Slightly painful
  - ☐ Moderately painful
  - ☐ Very painful
  - ☐ Unbearable
- 9) Have you had any trouble getting in and out of the car or using public transportation because of your hip?
- ☐ No trouble at all
  - ☐ Very little trouble
  - ☐ Moderate trouble
  - ☐ Extreme difficulty
  - ☐ Impossible to do
- 10) 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
- 11) Could you do the household shopping on your own?
- ☐ Yes, easily
  - ☐ With little difficulty
  - ☐ With moderate difficulty
  - ☐ With extreme difficulty
  - ☐ No, impossible
- 12) How much has pain from your hip interfered with your usual work, including housework?
- ☐ Not at all
  - ☐ A little bit
  - ☐ Moderately
  - ☐ Greatly
  - ☐ Totally

Adapted from [www.orthopedicscore.com/scorepages/oxford\\_hip\\_score.html](http://www.orthopedicscore.com/scorepages/oxford_hip_score.html)