

Name First Name Last Name Gender
Unit No Hospital ID D.O.B. Date of Birth 6073 Age



Department of Orthopaedics
Royal Melbourne Hospital
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Oxford Hip Score

Appt Date Reviewer Clinic

Side Left Right Surgery Date TimePoint

Relating to your symptoms in the past 4 weeks:

1 How would you describe the pain you usually have in your hip?

- 1 None
- 2 Very Mild
- 3 Mild
- 4 Moderate
- 5 Severe

2 Have you had any trouble washing and drying yourself (all over) because of your hip?

- 1 No trouble at all
- 2 Very little trouble
- 3 Moderate trouble
- 4 Extreme difficulty
- 5 Impossible to do

3 Have you had any trouble getting in and out of a car or using public transport because of your hip?

- 1 No trouble at all
- 2 Very little trouble
- 3 Moderate trouble
- 4 Extreme difficulty
- 5 Impossible to do

4 Have you been able to put on a pair of socks, stockings or tights?

- 1 Yes, easily
- 2 With little difficulty
- 3 With moderate difficulty
- 4 With extreme difficulty
- 5 No, impossible

5 Could you do the household shopping on your own?

- 1 Yes, easily
- 2 With little difficulty
- 3 With moderate difficulty
- 4 With extreme difficulty
- 5 No, impossible

6 For how long have you been able to walk before the pain from your hip becomes severe?

- 1 No pain/more than 30 mins
- 2 16 to 30 mins
- 3 5 to 15 mins
- 4 Around the house only
- 5 Not at all

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

- 1 Yes, easily
- 2 With little difficulty
- 3 With moderate difficulty
- 4 With extreme difficulty
- 5 No, impossible

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?

- 1 Not at all painful
- 2 Slightly painful
- 3 Moderately painful
- 4 Very painful
- 5 Unbearable

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9 Have you been limping when walking because of your hip?

- 1 Rarely / Never
- 2 Sometimes or just at first
- 3 Often, not just at first
- 4 Most of the time
- 5 All of the time

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

- 1 No days
- 2 Only 1 or 2 days
- 3 Some days
- 4 Most days
- 5 Every day

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

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Greatly
- 5 Totally

12 Have you been troubled by pain from your hip in bed at night?

- 1 No nights
- 2 Only 1 or 2 nights
- 3 Some nights
- 4 Most nights
- 5 Every night