

# Oxford Hip Score (OHS)

English version for the United Kingdom

Prior to completing the questionnaire please complete the following:

**Today's Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	2	0		
				Y	Y	Y	Y

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

- Right ☐  
Left ☐  
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?

None

☐

Very mild

☐

Mild

☐

Moderate

☐

Severe

☐

## 2. 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

☐

## 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)

No trouble at all

☐

Very little trouble

☐

Moderate trouble

☐

Extreme difficulty

☐

Impossible to do

☐

## 4. 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

☐

## 5. 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

☐

## 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)

No pain/More than 30 minutes

☐

16 to 30 minutes

☐

5 to 15 minutes

☐

Around the house only

☐

Not at all/pain severe when walking

☐

**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

☐

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

**Thank you very much.**