

PATIENT NAME: \_\_\_\_\_

MR #: \_\_\_\_\_

DATE: \_\_\_\_\_

**OXFORD HIP SCORING QUESTIONNAIRE**

<b>1. How would you describe the pain you usually have in your hip?</b>  1 None 2 Very mild 3 Mild 4 Moderate 5 Severe	<b>7. Have you been able to put on a pair of socks, stockings or tights?</b>  1 Yes, Easily 2 With little difficulty 3 With moderate difficulty 4 With extreme difficulty 5 No, impossible
<b>2. Have you been troubled with pain from your hip in bed at night?</b>  1 No 2 Only 1 or 2 nights 3 Some nights 4 Most nights 5 Every night	<b>8. After a meal (sat at a table), how painful has it been when you stand up from a chair because of your hip?</b>  1 Not at all painful 2 Slightly painful 3 Moderate Painful 4 Very Painful 5 Unbearable
<b>3. Have you had any sudden, severe pain (shooting, stabbing, or spasms) from your affected hip?</b>  1 No 2 Only 1 or 2 days 3 Some days 4 Most days 5 Every day	<b>9. Have you had any trouble getting in and out of the car or using public transport because of your hip?</b>  1 No trouble at all 2 Very little trouble 3 Moderate trouble 4 Extreme difficulty 5 Impossible to do
<b>4. Have you been limping when walking because of your hip?</b>  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	<b>10. Have you had any trouble with washing and drying yourself (all over) because of your hip?</b>  1 No trouble at all 2 Very little trouble 3 Moderate trouble 4 Extreme difficulty 5 Impossible to do

PATIENT NAME: \_\_\_\_\_

MR #: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>5. For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)?</b>	<b>11. Could you do the household shopping on your own?</b>
1 No pain for 30 minutes or more	1 Yes easily
2 16 to 30 minutes	2 With little difficulty
3 5 to 15 minutes	3 With Moderate difficulty
4 Around the house only	4 With Extreme difficulty
5 Not at all	5 Impossible to do
<b>6. Have you been able to climb a flight of stairs?</b>	<b>12. How much has pain from your hip interfered with your usual work including housework?</b>
1 Yes easily	1 Not at all
2 With little difficulty	2 A little bit
3 With moderate difficulty	3 Moderately
4 With extreme difficulty	4 Greatly
5 No impossible	5 Totally

**Score 0-19**

Indicates strong likelihood of severe hip arthritis. It is highly likely the patient will require some form of surgical intervention.

**Score 20-29**

Indicates likelihood of moderate hip arthritis which if confirmed by xray may require surgical opinion

**Score 30-39**

May indicate mild to moderate arthritis which may benefit from non-surgical treatments

**Score 40-48**

May indicate satisfactory joint function.

**PATIENT'S OXFORD SCORE**

**IMPAIRMENT**

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Therapist Signature