

Oxford Hip Scale

Name _____

Date _____

Circle the number that corresponds with the statement that best describes your hip pain during the past 4 weeks. If two or more statements apply, please circle the one that most closely describes your problem.

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

- 4 None
- 3 Very mild
- 2 Mild
- 1 Mild moderate
- 0 Severe

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

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

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

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

Have you been limping when walking because of your hip?

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

For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)?

- 4 No pain for 30 minutes or more
- 3 16 to 30 minutes
- 2 5 to 15 minutes
- 1 Around the house only
- 0 Not at all

Have you been able to climb a flight of stairs?

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

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

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

After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?

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

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

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

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

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

Could you do the household shopping on your own?

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

How much has pain from your hip interfered with your usual work, including housework?

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

Score 0-19

May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention.

Score 20-29

May indicate moderate to severe hip arthritis.

Score 30-39

May indicate mild to moderate hip arthritis.

Score 40-48

May indicate satisfactory joint function.

Score

_____/ 48