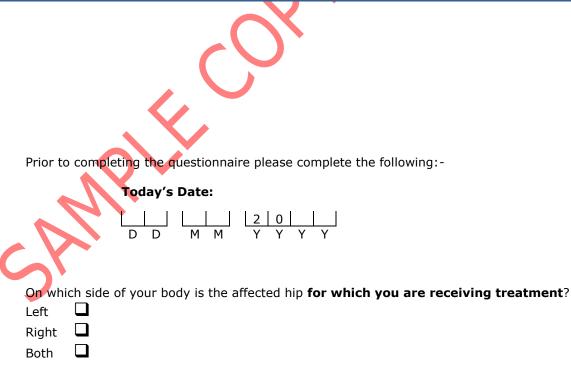


## Oxford Hip Score (OHS)

English version for the United Kingdom



**If you said 'both'**, **please complete the** <u>first</u> **questionnaire thinking about the** <u>right side</u>. A second questionnaire, for the left side, will follow.

## **PROBLEMS WITH YOUR HIP**

## Tick ( $\checkmark$ ) <u>one</u> box for <u>every</u> question.

1.	During the past 4 weeks								
	How would yo	w would you describe the pain you <u>usually</u> 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) <u>because of your hip</u> ?								
	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	<b>Could</b> you do the household shopping <u>on your own</u> ?							
	Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible				
6.	During the pa	During the past 4 weeks							
	-	r how long have you been able to walk before <u>pain from your hip</u> comes <b>severe</b> ? (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/pair 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 p	past 4 weeks					
	After a meal (sat at a table), how painful has it been for you to stand from a chair because of your hip?						
	Not at all painful	Slightly 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 fir <mark>s</mark> t	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' - <u>from the affected hip</u> ?						
	No days	Only 1 or 2 days	Some days	Most days	Every day		
11	During the past 4 weeks						
	How much has <u>pain from your hip</u> interfered with your usual work (including housework)?						
			<u>r hip</u> interfere	d with your usua	al work		
			Moderately	-	Totally		
	(including ho Not at all	usework)?	-	-			
~	(including ho Not at all During the	usework)? A little bit	Moderately	Greatly	Totally		

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

Thank you very much.