Name Unit No

First Name	Last Name		
Hospital ID	DOB Date of Rirth		





Department of Orthopaedics Royal Melbourne Hospital Grattan Street Parkville 3050

Oxford Hip Scor	'e			Ph: + 61 3 9342-8479 Fax: + 61 3 9342-8780
Appt Date	Reviewer		Clinic	
Side O Left O Right	Surgery Date		TimePoint	
Relating to your symptoms	in the past 4 weeks	s:		
How would you describe the have in your hip?	e pain you usually		Have you had any trouble wash yourself (all over) because of yo	
O 1 None			O 1 No trouble at all	
O 2 Very Mild			O 2 Very little trouble	
O 3 Mild			O 3 Moderate trouble	
O 4 Moderate			O 4 Extreme difficulty	
O 5 Severe			O 5 Impossible to do	
Have you had any trouble g	•	4	Have you been able to put on a stockings or tights?	a pair of socks,
O 1 No trouble at all			O 1 Yes, easily	
O 2 Very little trouble			O 2 With little difficulty	
O 3 Moderate trouble			O 3 With moderate difficult	ty
O 4 Extreme difficulty			O 4 With extreme difficulty	
O 5 Impossible to do			O 5 No, impossible	
Could you do the household own?	d shopping on your	6	For how long have you been a the pain from your hip become	
O 1 Yes, easily			O 1 No pain/more than 30	mins
O 2 With little difficulty			O 2 16 to 30 mins	
O 3 With moderate diffi	culty		O 3 5 to 15 mins	
O 4 With extreme diffici	ulty		O 4 Around the house only	/
O 5 No, impossible			○ 5 Not at all	
Have you been able to climl	o a flight of stairs?	8	After a meal (sat at a table), ho been for you to stand up from a your hip?	•
O 1 Yes, easily			O 1 Not at all painful	
O 2 With little difficulty			O 2 Slightly painful	
O 3 With moderate diff	iculty		O 3 Moderately painful	
O 4 With extreme diffic	·		O 4 Very painful	
O 5 No, impossible			O 5 Unbearable	

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Oxford Hip Score

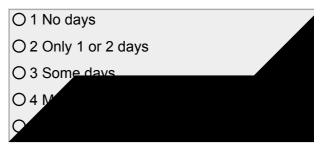
9 Have you been limping when walking because of your hip?

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

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

1 Not at all2 A little bit3 Moderately4 Greatly5 Totally

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



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

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