VALIDATED QUESTIONNAIRE

OXFORD HIP QUESTIONNAIRE

When answering the questions please only consider how you have been getting on during the past four weeks

1. How would you describe the pain you have usually from your left/right hip? — **Score**

- ☐ None — 1
- ☐ Very mild — 2
- ☐ Mild — 3
- ☐ Mild Moderate — 4
- ☐ Severe — 5

2. Have you had any trouble with washing and drying yourself (all over) because of your left/right hip?

- ☐ No trouble at all — 1
- ☐ Very little trouble — 2
- ☐ Moderate trouble — 3
- ☐ Extreme difficulty — 4
- ☐ Impossible to do — 5

3. Have you had any trouble getting in and out of a car or using public transport because of your left/right hip? (whichever you tend to use)

- ☐ No trouble at all — 1
- ☐ Very little trouble — 2
- ☐ Moderate trouble — 3
- ☐ Extreme difficulty — 4
- ☐ Impossible to do — 5

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

- ☐ Yes, easily — 1
- ☐ With little difficulty — 2
- ☐ With moderate difficulty — 3
- ☐ With extreme difficulty — 4
- ☐ No, impossible — 5

5. Have you been able to do your household shopping on your own? — **Score**

- ☐ Yes, easily — 1
- ☐ With little difficulty — 2
- ☐ With moderate difficulty — 3
- ☐ With extreme difficulty — 4
- ☐ No, impossible — 5

6. For how long have you been able to walk before the pain from your left/right hip became severe? (with or without a stick)

- ☐ No pain, even after more than 30 minutes — 1
- ☐ 16 to 30 minutes — 2
- ☐ 5 to 15 minutes — 3
- ☐ Around the house only — 4
- ☐ Unable to walk at all — 5

7. Have you been able to climb a flight of stairs?

- ☐ Yes, easily — 1
- ☐ With little difficulty — 2
- ☐ With moderate difficulty — 3
- ☐ With extreme difficulty — 4
- ☐ No, impossible — 5

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

- ☐ Not at all painful — 1
- ☐ Slightly painful — 2
- ☐ Moderately painful — 3
- ☐ Very painful — 4
- ☐ Unbearable — 5

VALIDATED QUESTIONNAIRE

		Score
9.	**Have you been limping when walking, because of your left/right hip?**	
	☐ Rarely / never	**1**
	☐ Sometimes or just at first	**2**
	☐ Often, not just at first	**3**
	☐ Most of the time	**4**
	☐ All of the time	**5**
10.	**Have you had any sudden, sever pain – 'shooting', 'stabbing' or 'spasms' – from your left / right hip?**	
	☐ No days	**1**
	☐ Only 1 or 2 days	**2**
	☐ Some days	**3**
	☐ Most days	**4**
	☐ Every day	**5**

		Score
11.	**How much pain from your left/right hip interfered with your usual work (including housework)?**	
	☐ Not at all	**1**
	☐ A little bit	**2**
	☐ Moderately	**3**
	☐ Greatly	**4**
	☐ Totally	**5**
12.	**Have you been troubled by pain from your left / right hip in bed at night?**	
	☐ No nights	**1**
	☐ Only 1 or 2 nights	**2**
	☐ Some nights	**3**
	☐ Most nights	**4**
	☐ Every nights	**5**