

Patient questionnaire – Hip

Oxford Hip Score (OHS)

Dear patients

We would like to ask you to evaluate your state of health in this questionnaire. Your information on your condition before and after the operation will help us to continuously improve the quality of our treatment. Participation is voluntary. You do not have to justify your decision to participate and you can cancel your participation at any time.

If you provide your contact details, you authorise us to save them and send you a second questionnaire after the operation.

How may we contact you?

email

SMS

letter

To be completed by the clinic

Patient label / Patient ID

Treatment in the following joint

In the case of simultaneous surgery on both sides (bilateral surgery), please complete two forms.

Left hip

Right hip

Questioning before or after the operation

before

after

filled out on (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surgery date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surgery date not yet known

Problems with your hip Tick one box for every question (x).

1. During the past 4 weeks . . .

How would you describe the pain you usually 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) because of your hip?

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 the household shopping on your own?

Yes, easily

With little difficulty

With moderate difficulty

With extreme difficulty

No, impossible

6. During the past 4 weeks ...

For how long have you been able to walk before pain from your hip becomes severe?

(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 / pain severe when walking
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. During the past 4 weeks ...

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

Not at all painful	Slightly painful	Moderately painful	Very painful	Unbearable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 first	Most of the time	All the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. During the past 4 weeks ...

Have you had any sudden, severe pain – ,shooting‘, ,stabbing‘ or ,spasms‘ – from the affected hip?

No days	Only 1 or 2 days	Some days	Most days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. During the past 4 weeks ...

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

Not at all	A little bit	Moderately	Greatly	Totally
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the past 4 weeks ...

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

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Finally, please make sure that you have answered all the questions.
Thank you very much.**