

Mr Nadim Aslam

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PRIVATE PRACTICE MANAGER

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ALL CORRESPONDENCE

Bone and Joint Clinic

Spire South Bank Hospital

139 Bath Road

Worcester, WR5 3YB

Oxford Hip Score

Name: _____

Date: _____

Date of birth: _____

Age: _____

During the past 4 weeks:

How would you describe the pain you usually had from your hip?

None Very mild Mild Moderate Severe

Have you had 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

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

No trouble at all Very little trouble Moderate trouble Extreme difficulty Impossible to do

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

Yes, easily With a little difficulty With moderate difficulty With extreme difficulty No, impossible

Could you do the household shopping on your own?

Yes, easily With a little difficulty With moderate difficulty With extreme difficulty No, impossible

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 on walking

Have you been able to climb a flight of stairs?

Yes, easily With a little difficulty With moderate difficulty With extreme difficulty 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 knee?

Not at all painful Slightly painful Moderately painful Very painful Unbearable

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 of the time

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

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

Not at all A little bit Moderately Greatly Totally

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