

# Oxford Hip Score (OHS) (Oxford Hip Score)

Category: Orthopaedics, MSK | Items: 12 | Time: ~2-3 min

## Description / When to Use

Pain and function after total hip replacement

## Instructions for Respondent

Please read each statement carefully and respond based on how you have felt over the specified time period. There are 12 items in this scale. Estimated completion time: 2-3 min.

## Scale Items

1. How would you describe the pain you usually have from your hip?  
0 = Severe | 1 = Moderate | 2 = Mild | 3 = Very mild | 4 = None
2. Have you had trouble washing and drying yourself because of your hip?  
0 = Impossible | 1 = With great difficulty | 2 = With moderate difficulty | 3 = With little difficulty | 4 = With no trouble at all
3. Have you had trouble getting in / out of a car or using public transport because of your hip?  
0 = Impossible | 1 = With great difficulty | 2 = With moderate difficulty | 3 = With little difficulty | 4 = With no trouble at all
4. Have you been able to put on a pair of socks, stockings or tights?  
0 = No, impossible | 1 = With great difficulty | 2 = With moderate difficulty | 3 = With little difficulty | 4 = Yes, easily
5. Could you do household shopping on your own?  
0 = No, impossible | 1 = With great difficulty | 2 = With moderate difficulty | 3 = With little difficulty | 4 = Yes, easily
6. How long can you walk before pain becomes severe (with or without a stick)?  
0 = Not at all / pain severe walking | 1 = Around the house only | 2 = 5–15 minutes | 3 = 16–30 minutes | 4 = No pain / > 30 min
7. Have you been able to climb a flight of stairs?  
0 = No, impossible | 1 = With great difficulty | 2 = With moderate difficulty | 3 = With little difficulty | 4 = Yes, easily
8. After a meal (sat at a table), how painful is it for you to stand up because of your hip?  
0 = Unbearable | 1 = Very painful | 2 = Moderately painful | 3 = Slightly painful | 4 = Not at all painful
9. Have you been limping when walking because of your hip?  
0 = All of the time | 1 = Most of the time | 2 = Sometimes / just at first | 3 = Rarely | 4 = Never
10. Have you had any sudden severe pain — 'shooting', 'stabbing' or 'spasms' — from the affected hip?  
0 = Every day | 1 = Most days | 2 = Some days | 3 = Only 1–2 days | 4 = No days
11. How much has pain from your hip interfered with your usual work (including housework)?  
0 = Totally | 1 = Greatly | 2 = Moderately | 3 = A little | 4 = Not at all
12. Have you been troubled by pain from your hip in bed at night?  
0 = Every night | 1 = Most nights | 2 = Some nights | 3 = Only 1–2 nights | 4 = No nights

## Scoring Guide

Sum all 12 items. Total range 0-48.

## Cutoff Interpretation

Score Range	Severity	Recommended Action
0–19	Severe hip arthritis	Likely to need surgical assessment.
20–29	Moderate-to-severe arthritis	Surgical opinion may be helpful.
30–39	Mild-to-moderate arthritis	Conservative management.
40–48	Satisfactory joint function	Symptoms unlikely to need replacement.

## Psychometric Properties

See original validation study for reliability and validity data.

## License

Free to use with citation.

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## Citation (APA Format)

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*Disclaimer: Higher score = better function (modern 0–48 scoring).*