

VISA-G QUESTIONNAIRE



PHYSIOTUTORS

Patient Name: _____

Date: _____

Instructions: In this questionnaire, the term "pain" refers specifically to your hip pain

Question 1: My usual hip pain is...

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain

Question 2: I can lie on my sore hip

- 10 For longer than 1 hour
- 7 For 30 minutes to 1 hour, then I have to move
- 5 For 15-30 minutes, then I have to move
- 2 For 5-15 minutes, then I have to move
- 0 I am unable to lie on my sore side at all

Question 3: Walking up or down one flight of stairs

- 10 I can use stairs normally with no hip pain
- 7 I can use stairs normally with some hip pain
- 5 I can use stairs normally holding onto a banister because of hip pain
- 2 I use stairs one step at a time and holding onto a banister because of hip pain
- 0 I cannot use stairs at all because of hip pain

Question 4: Walking up or down a ramp or slope

- 10 I can walk normally up and down a slope or ramp with no hip pain
- 7 I can walk normally up and down a slope or ramp with slight hip pain
- 5 I have some difficulty walking up and down a slope or ramp because of hip pain
- 2 I have significant difficulty negotiating slopes or ramps because of hip pain
- 0 I cannot walk up or down a slope or ramp because of hip pain

Question 5: After sitting for 30 minutes, moving to standing and then walking is...

- 10 Not a problem
- 7 Difficult for a few steps
- 5 I have to stand still for a moment or two before I walk
- 2 I have to stand still for less than 20 seconds before I walk
- 0 I have to stand still for more than 20 seconds before I walk

Question 6: Work about the house or garden (or similar activity)

- 10 I can work in my house and/or garden for an hour or more
- 7 Because of hip pain, I can work in my house and/or garden in 30 to 60 min bursts
- 5 Because of hip pain, I do very limited work in my house and garden
- 2 Because of hip pain, I do limited work in my house but I do not garden
- 0 Because of hip pain, I do not do any work in my house or garden

Question 7: Are you currently taking part in regular exercise, physical activity or sport?

0	No – I am unable to exercise, I don't want to or I don't have time.	
4	Significantly less than I used to.	
7	Somewhat less than I used to.	
10	Yes – I can exercise as I used to.	

CONTINUE ON THE NEXT PAGE

8. Please complete EITHER A, B or C in this question.

Does your current hip pain affect your ability to **undertake weight bearing activities?** (e.g. walking, shopping, running, squats, lunges).

A. My hip pain is so severe that it will stop me from walking, shopping, running or other weight bearing exercise.

If this is so, how much of this activity do you do each day?

- 0 I do not undertake any extra activity on my legs - I only move about the house.
- 2 I do less than 10 minutes.
- 5 I do 10 – 19 minutes.
- 7 I do 20 – 29 minutes.
- 10 I do more than 30 minutes.

B. My hip pain is present with exercise, but it does not stop me from walking, shopping, running or other weight bearing type exercise.

If this is so, how much of this activity do you do each day?

- 0 I do not undertake any extra activity on my legs - I only move about the house.
- 5 I do less than 10 minutes.
- 10 I do 10 – 19 minutes.
- 15 I do 20 – 29 minutes.
- 20 I do more than 30 minutes.

C. If you have no pain while you undertake walking, shopping, running or other weight bearing type exercise.

If this is so, how much of this activity do you do each day?

- 6 I do not undertake any extra activity on my legs - I only move about the house.
- 12 I do less than 10 minutes.
- 18 I do 10 – 19 minutes.
- 24 I do 20 – 29 minutes.
- 30 I do more than 30 minutes.

TOTAL SCORE (_____ /100) = _____ %

