

Oswestry Hip Pain Disability Questionnaire

NAME: _____

DATE: _____

This questionnaire has been designed to give your Physical Therapist information as to how your hip pain has affected your ability to manage in everyday life. Please answer every section and mark only ONE box which best applies to you at this moment.

SECTION 1 – PAIN INTENSITY

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad but I manage without taking pain medication.
- Pain medication gives me complete relief from pain.
- Pain medication gives me moderate relief from pain.
- Pain medication gives me very little relief from pain.
- Pain medication has no effect on the pain and I do not use it.

SECTION 2 – PERSONAL CARE (Washing, Dressing, etc.)

- I can take care of myself normally without causing an increase in my pain.
- I can look after myself normally but it causes an increase in my pain.
- It is painful to take care of myself and that requires me to be slow and careful.
- I need some help but I manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed by myself; I wash with difficulty and stay in bed.

SECTION 3 – LIFTING

- I can lift heavy weights without increasing my pain.
- I can lift heavy weights but it does increase my pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light-weights.
- I cannot lift or carry anything at all.

SECTION 4 – WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than ¼ mile.
- I can only walk using a cane or crutches.
- I am in bed most of the time and have to crawl to the toilet.

SECTION 5 – SITTING

- I can sit on any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

SECTION 6 – STANDING

- I can stand as long as I like without increasing my pain.
- I can stand as long as I want but it increases my pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

SECTION 7 – SLEEPING

- Pain does not prevent me from sleeping well.
- I can sleep well only using medication.
- Even when I take medication, I have less than 6 hours sleep.
- Even when I take medication, I have less than 4 hours sleep.
- Even when I take medication, I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

SECTION 8 –SEX LIFE

- My sex life is normal and causes no increase in pain.
- My sex life is normal but causes some increase in my pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by my pain.
- My sex life is nearly absent because of my pain.
- Pain prevents any sex life at all.

SECTION 9 – SOCIAL LIFE

- My social life is normal and does not increase my pain.
- My social life is normal but increases my pain.
- My pain has no effect on my social life apart from limiting my energetic interests, for example dancing.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of my pain.

SECTION 10 – TRAVELING

- I can travel anywhere without increasing my pain.
- I can travel anywhere but it increases my pain.
- My pain is bad but I manage journeys over 2 hours.
- My pain restricts me to journeys of less than 1 hour.
- My pain restricts me to short necessary journeys less than 30 minutes.
- My pain prevents me from traveling except to my medical appointments or to the hospital.

Please mark an "X" on the line below which represents the amount of pain you have had in the past 24 hours. The scale is from no pain at all to worst pain possible.

No pain at all _____ Worst pain possible

SCORE: _____ /50 _____ %