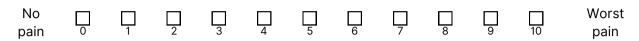
VISA-G QUESTIONNAIRE



Patient Name: _	
Date:	

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

Question 1: My usual hip pain is...



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 🗌 l do 10 19 minutes.
- 24 🗌 I do 20 29 minutes.
- 30 I do more than 30 minutes.

TOTAL SCORE (_____ /100) = ____%



