



Physical Therapy & Vestibular Rehabilitation

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Hip Disability Questionnaire (Revised Oswestry)

Patient Name: _____ Date: _____

Section 1 – Pain Intensity

- I can tolerate the pain without having to use pain medication.
- The pain is bad but I can manage without taking pain medication.
- Pain medication gives complete relief from pain.
- Pain medication gives moderate relief from pain.
- Pain medication gives 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 extra pain.
- It is painful to take care of myself and 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 extra 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 one-half mile.
- Pain prevents me from walking more than one-quarter 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 in 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 30 minutes.
- 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 want without increasing my pain.
- I can stand as long as I want but it increases my pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than 30 minutes.
- Pain prevents me from standing 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 by using tablets.
- Even when I take tablets I have less than 6 hours sleep.
- Even when I take tablets I have less than 4 hours sleep.
- Even when I take tablets I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

Section 8 – Social Life

- My social life is normal and does not increase my pain.
- My social life is normal but increases my pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. 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 pain.

Section 9 – Traveling

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

Section 10 – Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow at the present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

0 _____ 10

Please mark where your pain level is on the above scale from 0-10.



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(Score ____ x2)/(____ Sections x10) = ____ % of DL disability