

Pelvic Girdle Questionnaire

Name: _____ Age: _____

Date of assessment: _____ Contact information: _____

Instructions: To what extent do you find it problematic to carry out the activities listed below because of pelvic girdle pain? For each activity tick the box that best describes how you are today.

How problematic is it for you because of your pelvic girdle pain to:	Not at all (0)	To a small extent (1)	To some extent (2)	To a large extent (3)
1. Dress yourself				
2. Stand for less than 10 minutes				
3. Stand for more than 60 minutes				
4. Bend down				
5. Sit for less than 10 minutes				
6. Sit for more than 60 minutes				
7. Walk for less than 10 minutes				
8. Walk for more than 60 minutes				
9. Climb stairs				
10. Do housework				
11. Carry light objects				
12. Carry heavy objects				
13. Get up/sit down				
14. Push a shopping cart				
15. Run				
16. Carry out sporting activities <i>*Not applicable</i>				
17. Lie down				
18. Roll over in bed				
19. Have a normal sex life <i>*Not applicable</i>				
20. Push something with one foot				

How much pain do you experience:	None (0)	Some (1)	Moderate (2)	Considerable (3)
21. In the morning				
22. In the evening				
To what extent because of pelvic girdle pain:	Not at all (0)	To a small extent (1)	To some extent (2)	To a large extent (3)
23. Has your leg/have your legs given way?				
24. Do you do things more slowly?				
25. Is your sleep interrupted?				
Total score:				

Scoring

Sum all the scores. Convert into percentages by dividing by 75 and multiplying it by 10. As a person's disability increases, the probability of a maximum score on the item increases. Interpret as 0 (no problem at all) to 100 (to a large extent).

Reference

Stuge, B., Garratt, A., Krogstad Jenssen, H., & Grotle, M. (2011). The Pelvic Girdle Questionnaire: A condition-specific instrument for assessing activity limitations and symptoms in people with pelvic girdle pain. *Physical Therapy, 91*(7), 1096–1108. <https://doi.org/10.2522/ptj.20100357>