## Örebro Musculoskeletal Pain Screening Questionnaire (Short)

Name:								Da	te of Birth:			
Are you:		Male										
		Femal	e									
<b>1. How long have you had your current pain problem? Tick</b> (√) <b>one.</b> ☐ 0-1 weeks [1] ☐ 1-2 weeks [2] ☐ 3-4 weeks [3] ☐ 4-5 weeks [4] ☐ 6-8 weeks [5] ☐ 9-11 weeks [6] ☐ 3-6 months [7] ☐ 6-9 months [8] ☐ 9-12 months [9] ☐ over 1 year [10]												
2. How wou	2. How would you rate the pain that you have had during the past week? Circle one.											
0 1 No pain	2	3	4	5	6	7 Pain	8 as bad a	9 as it cou	10 uld be			
Please circle the one number which best describes your current ability to participate in each of these activities.												
3. I can do light work for an hour.												
0 1 Can't do it be of the pain pr	ecause	3	4	5	6	7	8		10 lo it without pa a problem	uin		
4. I can sleep at night.												
0 1 Can't do it be of the pain pr	ecause	3	4	5	6	7	8		10 lo it without pa a problem	uin		
5. How tense or anxious have you felt in the past week? Circle one.												
0 1 Absolutely ca		3 relaxeo	4 d	5	6	7 As	8 tense ai	9 nd anxi	10 ious as I've eve	er felt		
6. How much have you been bothered by feeling depressed in the past week? Circle one.												
0 1 Not at all	2	3	4	5	6	7	8	9 Extre	10 mely			
7. In your view, how large is the risk that your current pain may become persistent?												
0 1 No risk	2	3	4	5	6	7	8 Ver	9 y large	10 erisk			
8. In your estimation, what are the chances you will be working your normal duties in 3 months 10-x												
0 1 No chance	2	3	4	5	6	7 • •	8 Very La	9 rge Ch	10 ance			
Here are some of the things which other people have told us about their pain. For each statement please circle <u>one</u> number from 0-10 to say how much physical activities, such as bending, lifting, walking, or driving affect your pain.												
9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.												
0 1 Completely de	2 isagree	3	4	5	6	7	8 Compi	9 letely a	10 gree			
10. I should	not de	o my r	iorma	l work	with	my pr	esent j	pain.				
0 1 Completely de	2 isagree	3	4	5	6	7	8 Compi	9 letely a	10 gree			

SUM:

## Scoring the short version of the Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ)

The short version of the ÖMPSQ includes 10 items selected from the full version (see Linton, Nicholas & MacDonald, 2011). These items are scored 0-10, where 0 refers to absence of impairment and 10 to severe impairment. However, three items need to be reversed in order for all the questions to be oriented in the same direction.

The scoring method has been built into the questionnaire and scoring boxes are provided to the right of each item:

- <u>Item 1</u>, on pain duration, the categories 1-10 represent periods of time ranging from "0-1 week" (first box on the left) to "over 1 year" (last box to the right). Thus, "6-8 weeks", for example, would be scored "5";
- Items 2, 5, 6, 7, 9, and 10 the score is the number circled;
- <u>Items 3, 4, and 8</u> the score is 10 minus the number circled. These items are marked with "10-x" above the scoring box;
- Write the score for each item in the shaded scoring box;
- Add all the scores to obtain the total score and write it in the last shaded box.

The total score will range between 1 and 100, with a score >50 indicating higher estimated risk for future work disability (Linton, Nicholas & MacDonald, 2011).

Linton, S. J., Nicholas, M., MacDonald, S. (2011). Development of a Short Form of the Örebro Musculoskeletal Pain Screening Questionnaire. *Spine*, *36*, 1891–1895. doi: 10.1097/BRS.0b013e3181f8f775