

# Fax Cover Page

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Subject:

Cover Message:

## Örebro Musculoskeletal Pain Screening Questionnaire (Short)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you: ☐ Male

☐ Female

**1. How long have you had your current pain problem? Tick (✓) one.**

☐ 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 would you rate the pain that you have had during the past week? Circle one.**

0 1 2 3 4 5 6 7 8 9 10  
No pain Pain as bad as it could 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 2 3 4 5 6 7 8 9 10  
Can't do it because of the pain problem Can do it without pain being a problem

10-x

☐

**4. I can sleep at night.**

0 1 2 3 4 5 6 7 8 9 10  
Can't do it because of the pain problem Can do it without pain being a problem

10-x

☐

**5. How tense or anxious have you felt in the past week? Circle one.**

0 1 2 3 4 5 6 7 8 9 10  
Absolutely calm and relaxed As tense and anxious as I've ever felt

☐

**6. How much have you been bothered by feeling depressed in the past week? Circle one.**

0 1 2 3 4 5 6 7 8 9 10  
Not at all Extremely

☐

**7. In your view, how large is the risk that your current pain may become persistent?**

0 1 2 3 4 5 6 7 8 9 10  
No risk Very large risk

☐

**8. In your estimation, what are the chances you will be working your normal duties in 3 months**

0 1 2 3 4 5 6 7 8 9 10  
No chance Very Large Chance

10-x

☐

Here are some of the things which other people have told us about their pain. For each statement please circle one 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 2 3 4 5 6 7 8 9 10  
Completely disagree Completely agree

☐

**10. I should not do my normal work with my present pain.**

0 1 2 3 4 5 6 7 8 9 10  
Completely disagree Completely agree

☐

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:

- Item 1, 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;
- Items 3, 4, and 8 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