


Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ)

Patient Label	
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Date:
Date of Injury:

Were you born in NZ? Yes No

These questions and statements apply if you have aches or pains, such as back, shoulder, or neck pain. Please read and answer questions carefully. Do not take too long to answer the questions, however it is important that you answer every question. **There is always a response for your particular situation.**

Where do you have pain? Place a tick () for all appropriate sites.

Neck Shoulder Arm Upper Back Lower Back Leg Other (state):

How many days of work have you missed because of pain during the past 18 months? Tick () one

0 days 1-2 days 3-7 days 8-14 days 15-30 days
 1 month 2 months 3-6 months 6-12 months over 1 year

How long have you had your current pain problem? Tick () one

0-1 week 1-2 weeks 3-4 weeks 4-5 weeks 6-8 weeks
 9-11 weeks 3-6 months 6-9 months 9-12 months over 1 year

Is your work heavy or monotonous? Circle the best alternative.

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

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

In the past three months, on average, how bad was your pain on a 0-10 scale? Circle one.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as it could be

How often would you say that you have experienced pain episodes, on average, during the past three months? Circle one.

0 1 2 3 4 5 6 7 8 9 10
Never Always

Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Circle one.

0 1 2 3 4 5 6 7 8 9 10
Can't decrease it at all Can decrease it completely

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

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

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

0 1 2 3 4 5 6 7 8 9 10

No risk

Very large risk

In your estimation, what are the chances that you will be able to work in six months? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No chance

Very large chance

If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Not satisfied
at all

Completely
satisfied

Here are some of the things that other people have told us about their pain. For each statement, circle one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving would affect your pain.

Physical activity makes my pain worse.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree

Completely agree

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

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

Here is a list of five activities. Circle the one number that best describes your current ability to participate in each of these activities

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 pain problem

Can do it without
pain being a problem

I can walk for an hour.

0 1 2 3 4 5 6 7 8 9 10

Can't do it because
of pain problem

Can do it without
pain being a problem

I can do ordinary household chores.

0 1 2 3 4 5 6 7 8 9 10

Can't do it because
of pain problem

Can do it without
pain being a problem

I can do the weekly shopping.

0 1 2 3 4 5 6 7 8 9 10

Can't do it because
of pain problem

Can do it without
pain being a problem

I can sleep at night.

0 1 2 3 4 5 6 7 8 9 10

Can't do it because
of pain problem

Can do it without
pain being a problem