

# Örebro Musculoskeletal Pain Screening Questionnaire (Short)

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

Date: \_\_\_\_\_

Are you:      Male      Female

## 01 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 Weeks [9] | Over 1 year [10] |                |                |

## 02 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

## 03 I can do light work for an hour. Circle one.

0      1      2      3      4      5      6      7      8      9      10      10 - x

Can't do it because of the pain problem

Can do it without pain being a problem

## 04 I can sleep at night. Circle one.

0      1      2      3      4      5      6      7      8      9      10      10 - x

Can't do it because of the pain problem

Can do it without pain being a problem

## 05 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

**06** 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*

**07** 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*

**08** In your estimation, what are the chances you will be working your normal duties in 3 Months **Circle one.**

0      1      2      3      4      5      6      7      8      9      10

10 - x

*No chance*

*Very large chance*

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.

**09** An increase in pain is an indication that I should stop what I'm doing until the pain decreases. **Circle one.**

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. **Circle one.**

0      1      2      3      4      5      6      7      8      9      10

*Completely disagree*

*Completely agree*

**Total 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 indicated by the circled number;
- Items 3, 4, and 8 the score is 10 minus the number indicated. 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*