Örebro Musculoskeletal Pain Screening Questionnaire (Short-form)(Linton et al, 2010)

Name: _____ **Date:** _____

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*

For items 3 and 4, please circle the one number that best describes your current ability to participate in each of these activities.

3. I can do light work (or home duties) for an hour.

0 1 2 3 4 5 6 7 8 9 10 (10-)[ ]
Not at all *Without any difficulty*

4. I can sleep at night.

0 1 2 3 4 5 6 7 8 9 10 (10-)[ ]
Not at all *Without any difficulty*

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 (at home or work) in 3 months

0 1 2 3 4 5 6 7 8 9 10 (10-)[ ]
No chance *Very Large Chance*

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 (at work or home duties) with my present pain.

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

SUM:_____