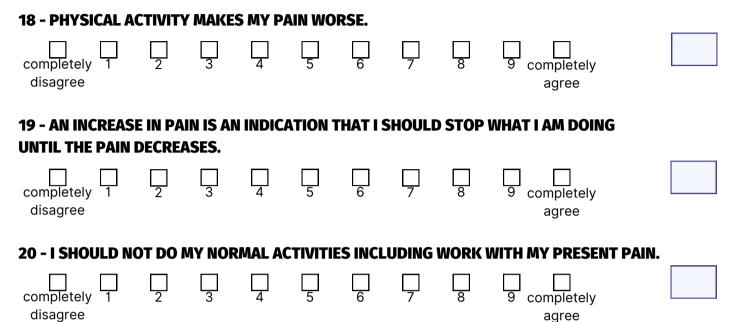
ÖREBRO MUSCULOSKELETAL PAIN SCREENING QUESTIONNAIRE - FULL															
Patient Name: Date of birth:									What is your employement status? paid word studying unpaid work at home retired other:						
5 - WHERE DO YOU HAVE PAIN? CHECK THE APPROPRIATE SITES. 2													2x N		
	neck			shoulde	er	upp		lower back			leg				
	6 - HOW MANY DAYS OF WORK HAVE YOU MISSED BECAUSE OF PAIN DURING THE PAST 12 MONTHS? CHECK ONE.														
								8-14 days 181-365 days							
7 - HOW LONG HAVE HAVE YOU HAD YOUR CURRENT PAIN PROBLEM? CHECK ONE.															
								6-7 weeks 36-52 weeks							
8 - IS YOUR WORK HEAVY OR MONOTONOUS? CHECK THE BEST ALTERNATIVE.															
		□ 1	2	3	4	\Box_{5}	6	7	8	3	9	10			
	not working														
9 - HOW WOULD YOU RATE THE PAIN THAT YOU HAVE HAD DURING THE PAST WEEK? CHECK ONE.															
	no pain		\square_2	3	4	5	6			3	•	Dain as bad s it could be			
10 - IN THE PAST THREE MONTHS , ON THE AVERAGE, HOW INTENSE WAS YOUR PAIN ON A															
0-10 SCALE? CHECK ONE.															
	no pain	1	2	3	4	5	6	7	8	3	•	Dain as bad s it could be			

11 - HOW OFTEN WOULD YOU SAY THAT YOU HAVE EXPERIENCED PAIN EPISODES, ON THE AVERAGE, DURING THE PAST THREE MONTHS? CHECK ONE.												
never			_						9	always		
12 - BASED ON ALL THE THINGS YOU DO TO COPE, OR DEAL WITH YOUR PAIN, ON AN AVERAGE DAY, HOW MUCH ARE YOU ABLE TO DECREASE IT? CHECK ONE.												
can't decrease it at all					<u> </u>		SE II : (9 9	can ecrease it ompletely	10- N	
13 - HOW TENSE OR ANXIOUS HAVE YOU FELT IN THE PAST WEEK? CHECK ONE.												
absolutely calm and relaxed		2	3	4	5	6	- 7	8	an	as tense d anxious e ever felt		
14 - HOW MUCH HAVE YOU BEEN BOTHERED BY FEELING DEPRESSED IN THE PAST WEEK?												
CHECK ON	IE. ☐	2	3		5	6		8	9 e	xtremely		
15 - IN YOUR VIEW, HOW LARGE IS THE RISK THAT YOUR CURRENT PAIN MAY BECOME												
PERSISTE no risk	NT? CHI		E.	4	5	6			9 ve	ery large risk		
16 - IN YOUR ESTIMATION, WHAT ARE THE CHANCES THAT YOU WILL BE ABLE TO												
WORK IN S	SIX MOI			_	5	6	-			ery large chance	10- N	
17 - IF YOU TAKE INTO CONSIDERATION YOUR WORK ROUTINES, MANAGEMENT,												
SALARY, PROMOTION POSSIBILITIES, AND WORK MATES, HOW SATISFIED ARE YOU WITH YOUR JOB? CHECK ONE. 10- N											10- N	
not at all satsfied		2	3	4 not	5 working	6	7	8		mpletely satisfied		
										PHYSIOTUTORS	5	

Here are some of the things which other patients have told us about their pain. For each statement please check any number from 0 to 10 to say how much physical activities, such as, bending, lifting, walking or driving affect or would affect your back.



Here is a list of five activities. Please check the number which best describes your current ability to participate in each of these activities.

