

ÖREBRO MUSCULOSKELETAL PAIN SCREENING QUESTIONNAIRE - FULL



PHYSIOTUTORS

Patient Name: _____

Date of birth: _____

What is your employment status?

- paid work studying unemployed
 unpaid work at home retired
 other: _____

5 - WHERE DO YOU HAVE PAIN? CHECK THE APPROPRIATE SITES.

- neck shoulder upper back lower back leg

2x N

6 - HOW MANY DAYS OF WORK HAVE YOU MISSED BECAUSE OF PAIN DURING THE PAST 12 MONTHS? CHECK ONE.

- 0 days 1-2 days 3-7 days 8-14 days 15-30days
 31-60 days 61-90 days 91-180 days 181-365 days >365 days

7 - HOW LONG HAVE YOU HAD YOUR CURRENT PAIN PROBLEM? CHECK ONE.

- 0-1 weeks 2-3 weeks 4-5 weeks 6-7 weeks 8-9 weeks
 10-11 weeks 12-23 weeks 24-35 weeks 36-52 weeks >52 weeks

8 - IS YOUR WORK HEAVY OR MONOTONOUS? CHECK THE BEST ALTERNATIVE.

- 0 1 2 3 4 5 6 7 8 9 10
 not working

9 - HOW WOULD YOU RATE THE PAIN THAT YOU HAVE HAD DURING THE PAST WEEK? CHECK ONE.

- no pain 1 2 3 4 5 6 7 8 9 pain as bad as 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 9 pain as bad as 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 1 2 3 4 5 6 7 8 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 1 2 3 4 5 6 7 8 9 can decrease it completely

10- N

13 - HOW TENSE OR ANXIOUS HAVE YOU FELT IN THE PAST WEEK? CHECK ONE.

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

14 - HOW MUCH HAVE YOU BEEN BOTHERED BY FEELING DEPRESSED IN THE PAST WEEK? CHECK ONE.

not at all 1 2 3 4 5 6 7 8 9 extremely

15 - IN YOUR VIEW, HOW LARGE IS THE RISK THAT YOUR CURRENT PAIN MAY BECOME PERSISTENT? CHECK ONE.

no risk 1 2 3 4 5 6 7 8 9 very large risk

16 - IN YOUR ESTIMATION, WHAT ARE THE CHANCES THAT YOU WILL BE ABLE TO WORK IN SIX MONTHS? CHECK ONE.

no chance 1 2 3 4 5 6 7 8 9 very 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.

not at all satisfied 1 2 3 4 5 6 7 8 9 completely satisfied

not working

10- N



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.

18 - PHYSICAL ACTIVITY MAKES MY PAIN WORSE.

completely disagree
 1
 2
 3
 4
 5
 6
 7
 8
 9
 completely agree

19 - AN INCREASE IN PAIN IS AN INDICATION THAT I SHOULD STOP WHAT I AM DOING UNTIL THE PAIN DECREASES.

completely disagree
 1
 2
 3
 4
 5
 6
 7
 8
 9
 completely agree

20 - I SHOULD NOT DO MY NORMAL ACTIVITIES INCLUDING WORK WITH MY PRESENT PAIN.

completely disagree
 1
 2
 3
 4
 5
 6
 7
 8
 9
 completely agree

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

21 - I CAN DO LIGHT WORK FOR AN HOUR.

cannot do it because of pain
 1
 2
 3
 4
 5
 6
 7
 8
 9
 can do it without pain being a problem

10- N

22 - I CAN WALK FOR AN HOUR.

cannot do it because of pain
 1
 2
 3
 4
 5
 6
 7
 8
 9
 can do it without pain being a problem

10- N

23 - I CAN DO ORDINARY HOUSEHOLD CHORES.

cannot do it because of pain
 1
 2
 3
 4
 5
 6
 7
 8
 9
 can do it without pain being a problem

10- N

24 - I CAN DO THE WEEKLY SHOPPING.

10- N

cannot do it because of pain 1 2 3 4 5 6 7 8 9 can do it without pain being a problem

25 - I CAN SLEEP AT NIGHT.

10- N

cannot do it because of pain 1 2 3 4 5 6 7 8 9 can do it without pain being a problem

