

Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPQ)

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.

Name *your full name*

Email *a valid email*

1. Where do you have pain? Place a tick for all appropriate sites. *select one or more*

Neck Shoulder Arm Lower back Leg Other (state) _____

2. How many days of work have you missed because of pain during the last 18 months? *select one*

0 days (1) 1-2 days (2) 3-7 days (3) 15-30 days (5) 1 month (6)
 2 months (7) 3-6 months (8) 6-12 months (9) over 1 year (10)

3. How long have you had your current pain problem? *select one*

0-1 weeks (1) 1-2 days (2) 3-7 days (3) 8-14 days (4) 15-30 days (5)
 1 month (6) 2 months (7) 3-6 months (8) 6-9 months (8) 9-12 months (9)
 over 1 year (10)

4. Is your work heavy or monotonous?

Not at all > Extremely

0 1 2 3 4 5 6 7 8 9 10

5. How would you rate the pain that you have had during the past week?

No pain > Pain as bad as it could be

0 1 2 3 4 5 6 7 8 9 10

6. In the past three months, on average, how bad was your pain? Circle one.

No pain > Pain as bad as it could be

0 1 2 3 4 5 6 7 8 9 10

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

Never > Always

0 1 2 3 4 5 6 7 8 9 10

8. 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?

Can't decrease it at all > Can decrease it completely

0 1 2 3 4 5 6 7 8 9 10

9. How tense or anxious have you felt in the past week?

Absolutely calm and relaxed > As tense and anxious as I've ever felt

0 1 2 3 4 5 6 7 8 9 10

10. How much have you been bothered by feeling depressed in the past week?

Not at all > Extremely

0 1 2 3 4 5 6 7 8 9 10

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

No risk > Very large risk

0 1 2 3 4 5 6 7 8 9 10

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

No chance > Very large chance

0 1 2 3 4 5 6 7 8 9 10

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

Not satisfied at all > Very satisfied

0 1 2 3 4 5 6 7 8 9 10

Here are some of the things that other people have told us about their pain. For each statement, use the slider to choose from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain. Completely disagree > Agree

14. Physical activity makes my pain worse.

0 1 2 3 4 5 6 7 8 9 10

15. 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

16. I should not do my normal work with my present pain.

0 1 2 3 4 5 6 7 8 9 10

Here is a list of five activities. Choose the slider to choose what best describes your current ability to participate in each of these activities. Can't do it because of pain problem > Can do it without pain being a problem.

17. I can do light work for an hour

0 1 2 3 4 5 6 7 8 9 10

18. I can walk for an hour.

0 1 2 3 4 5 6 7 8 9 10

19. I can do ordinary household chores.

0 1 2 3 4 5 6 7 8 9 10

20. I can do the weekly shopping.

0 1 2 3 4 5 6 7 8 9 10

21. I can sleep at night.

0 1 2 3 4 5 6 7 8 9 10