Date : 1/9/24

# Örebro Musculoskeletal Pain Screening Questionnaire (Short)

**Name:** Hayley Young                    **Date of Birth:** 14·11·02

**Are you:**   ☐ Male

☑ Female

**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]

**7**

**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*

**3**

Please circle the one number which best describes your current ability to participate in each of these activities.

**3. I can do light work for an hour.**

0   1   2   3   4   5   6   ⑦   8   9   10
*Can't do it because*                    *Can do it without pain*
*of the pain problem*                    *being a problem*

10-x

**3**

**4. I can sleep at night.**

0   1   2   3   4   5   6   ⑦   8   9   10
*Can't do it because*                    *Can do it without pain*
*of the pain problem*                    *being a problem*

10-x

**3**

**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*

**3**

**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*

**0**

**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*

**3**

**8. In your estimation, what are the chances you will be working your normal duties in 3 months**

0   1   2   3   4   5   6   ⑦   8   9   10
*No chance*                              *Very Large Chance*

10-x

**3**

Here are some of the things which other people have told us about their pain. For each statement please circle <u>one</u> number from 0-10 to say how much physical activities, such as bending, lifting, walking, or driving affect your pain.

**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*

**8**

**10. I should not do my normal work with my present pain.**

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

**10**

SUM:

**43**

Sum = <50