

Date: 23/8/24

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

Name: Tim Young

Date: 23/8/24

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] ☒ 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 [9]
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-)[6]
Not at all Without any difficulty

4. I can sleep at night.

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

SUM: 65

= > 50