ÖMPQ = 138 / ~~210~~ 190 x100
= 73%

Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)

Linton and Boersma 2003[1]

1. **Name** Janet Mew **Phone** 0466061008 **Date** 10.11.25
2. **Date of Injury** 1/12/2015 **Date of birth** 5-10-1963
3. **Male** ☐ **Female** ☒
4. **Were you born in Australia*?** Yes ☐ No ☒

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 long to answer the questions, however it is important that you answer every question. There is **always** a response for your particular situation.

5. Where do you have pain? Place a tick (✓) for all appropriate sites. (2x (max 10): 10)

- ☑ Neck
- ☑ Shoulder
- ☑ Arm
- ☑ Upper Back
- ☐ Lower Back
- ☑ Leg
- ☐ Other (state)

6. How many days of work have you missed because of pain during the past 18 months? Tick (✓) one. (10)

- ☐ 0 days (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)
- ☐ 6-12 months (9)
- ☑ over 1 year (10)

7. How long have you had your current pain problem? Tick (✓) one. (10)

- ☐ 0-1 week (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) 10 years

8. Is your work heavy or monotonous? Circle the best alternative. N/A (N/A)

0 1 2 3 4 5 6 7 8 9 10

Not at all — Extremely

9. How would you rate the pain that you have had during the past week? Circle one. (5)

0 1 2 3 4 (5) 6 7 8 9 10

No pain — Pain as bad as it could be

* Modified for use by WorkCover NSW (with permission)

1 Linton SJ, Boersma K. Early identification of patients at risk of developing a persistent back problem: the predictive validity of the Örebro Musculoskeletal Pain Questionnaire. Clin J Pain 2003;19: 80-86.

making a difference

10. In the past three months, on average, how bad was your pain on a 0-10 scale? Circle one. 0 1 2 3 4 5 6 (7) 8 9 10 No pain — Pain as bad as it could be	7
11. How often would you say that you have experience pain episodes, on average, during the past three months? Circle one. 0 1 2 3 4 5 6 (7) 8 9 10 Never — Always	7
12. 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? Circle the appropriate number. 0 1 2 (3) 4 5 6 7 8 9 10 Can't decrease it at all — Can decrease it completely	10 - x 7
13. 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 clam and relaxed — As tense and anxious as I've ever felt	8
14. 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	9
15. In your view, how large is the risk that your current pain may become persistent? Circle one. 0 1 2 3 4 5 6 7 8 9 (10) No risk — Already is — Very large risk	10
16. In your estimation, what are the chances that you will be able to work in six months? Circle one. (0) (1) (2) 3 4 5 6 7 8 9 10 No chance — Very large chance	10 - x 10
17. If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one. 0 1 2 3 4 5 N/A 7 8 9 10 Not satisfied at all — Completely satisfied	10 - x N/A

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

18. Physical activity makes my pain worse.

0 1 2 3 (4) 5 6 7 8 9 10

Completely disagree — Completely agree

4

19. 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

4

20. 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

Here is a list of five activities. Circle the one number that best describes your current ability to participate in each of these activities.

21. I can do light work for an hour.

10 - x

0 1 2 3 4 (5) 6 7 8 9 10

Can't do it because of pain problem — Can do it without pain being a problem

5

22. I can walk for an hour.

10 - x

0 1 2 3 4 (5) 6 7 8 9 10

Can't do it because of pain problem — Can do it without pain being a problem

5

23. I can do ordinary household chores.

10 - x

0 1 (2) (3) 4 5 6 7 8 9 10

Can't do it because of pain problem — Can do it without pain being a problem

8

24. I can do the weekly shopping.

10 - x

0 1 (2) (3) 4 5 6 7 8 9 10

Can't do it because of pain problem — Can do it without pain being a problem

8

25. I can sleep at night.

10 - x

0 1 2 3 4 5 6 7 (8) (9) 10

Can't do it because of pain problem — Can do it without pain being a problem

1

Explanatory Notes

The Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) is a 'yellow flag' screening tool that predicts long-term disability and failure to return to work when completed four to 12 weeks following a soft tissue injury[2]. A cut-off score of 105 has been found to predict those who will recover (with 95 per cent accuracy), those who will have no further sick leave in the next six months (with 81 per cent accuracy), and those who will have long-term sick leave (with 67 per cent accuracy)[1].

The ÖMPQ predicted failure to return to work six months after compensable musculoskeletal injury in a NSW population of workers. The injuries in the study group were mixed, and the ÖMPQ was found to be more specific and sensitive for back injuries. In workers with back injuries screened at four to 12 weeks, a cut-off score of 130 correctly predicted 86 per cent of those who failed to return to work[3].

Identification, through the ÖMPQ, of workers at risk of failing to return to work due to personal and environmental factors provides the opportunity for treating practitioners to apply appropriate interventions (including the use of activity programs based on cognitive behavioural strategies) to reduce the risk of long-term disability in injured workers. Evidence indicates that these factors can be changed if they are addressed[4].

Administering the questionnaire

The ÖMPQ is designed to be a self administered tool completed by the worker in a quiet environment without assistance from any other person. A detailed explanation is provided by the person administering the questionnaire:

"Information from this questionnaire helps us understand your problem better, and it especially helps us evaluate the possible long-term consequences your pain may have. It is important that you read each question carefully and answer it as best you can. There are no right or wrong answers. Please answer every question. If you have difficulty, select the answer that best describes your situation".

Where uncertainty or a request for more information is expressed, encouragement is provided to "answer as best you can". The questionnaire item may be read aloud to assist, however the question should not be rephrased. All questions should be answered, as missing values will reduce validity[5].

Scoring instructions

- For question 5, count the number of pain sites and multiply by two – this is the score (maximum score allowable is 10).
- For questions 6 and 7 the score is the number bracketed after the ticked box.
- For questions 8, 9, 10, 11, 13, 14, 15, 18, 19 and 20 the score is the number that has been ticked or circled.
- For questions 12, 16, 17, 21, 22, 23, 24 and 25 the score is 10 minus the number that has been circled.
- Write the score in the shaded area beside each item.
- Add up the scores for questions 5 to 25 – this is the total ÖMPQ score.

1 Linton SJ, Boersma K. Early identification of patients at risk of developing a persistent back problem: the predictive validity of the Örebro Muscuoloskeletal Pain Questionnaire. Clin J Pain 2003;19: 80-86.

2 Linton SJ, Hallden K. Can we screen for problematic back pain? A screening questionnaire for predicting outcome in acute and subacute back pain. Clin J Pain 1998; 3: 209-215.

3 Dunstan DA, Covic T, Tyson GA, Lennie, IG (2005) Does the OMPQ predict outcomes following a work related compensable injury? International Journal of Rehabilitation Research 28(4), 369-370.

4 Linton SJ, Ryberg M. A cognitive-behavioral group intervention as prevention for persistent neck and back pain in a non-patient population: a randomized controlled trial. Pain 2001; 83-90.

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