Orebro Musculoskeletal Pain Screening Questionnaire Short Version

Name: ___________________________ Date: ___________________________

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]

2. How would you rate the pain that you have had during the past week? Circle one.
   - 0 = No pain
   - 10 = Pain as bad as it could be

3. How tense or anxious have you felt in the past week? Circle one.
   - 0 = Absolutely calm and relaxed
   - 10 = As tense and anxious as I’ve ever felt

4. How much have you been bothered by feeling depressed in the past week? Circle one.
   - 0 = Not at all
   - 10 = Extremely

5. In your view, how large is the risk that your current pain may become persistent? Circle one.
   - 0 = No risk
   - 10 = Very large risk

6. In your estimation, what are the chances that you will be working your normal duties in 3 months? Circle one (10-
   - 0 = No chance
   - 10 = Very large chance

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

7. An increase in pain is an indication that I should stop what I’m doing until the pain decreases.
   - 0 = Completely disagree
   - 10 = Completely agree

8. I should not do my normal work with my present pain.
   - 0 = Completely disagree
   - 10 = Completely agree

Here are two activities. Please circle the one number which best describes your current ability to participate in each of these activities (10-)

9. I can do light work for an hour.
   - 0 = Can’t do it because pain problem
   - 10 = Can do it without pain being a problem

10. I can sleep at night.
    - 0 = Can’t do it because pain problem
    - 10 = Can do it without pain being a problem