

Southern Rehab Pain Management Programme

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

Name: _____

Date: _____

For Referrer

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 1 2 3 4 5 6 7 8 9 10
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
Not at all Without any difficulty

4. I can sleep at night.

0 1 2 3 4 5 6 7 8 9 10
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
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
Not at all Extremely

7. 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 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? Circle one.

0 1 2 3 4 5 6 7 8 9 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. Circle one.

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

10. I should not do my normal work (at work or home duties) with my present pain. Circle one.

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

10-

10-

10-

Sum: