

**Örebro Musculoskeletal Pain Questionnaire**

(Linton, S.J. &amp; Boersma, K., 2003)

Today's Date:            /        /

Claim No.:

Name:

Job Title:

- Work Status:     Not working – date last worked \_\_\_\_\_
- Modified/light duties
- Normal duties

**These questions and statements apply if you have aches or pains, for example back, shoulder or neck pain. Please read and answer each question carefully. Do not take too long to answer the questions. However, it is important that you answer every question. There is always a response for your particular situation.**

1. What year were you born?

\_\_\_\_\_

2. Are you:     male     female

3. Where do you have pain? Place a tick (✓) for all the appropriate sites.

- neck                     shoulders                     upper back                     lower back
- leg                         arm                             other (state) \_\_\_\_\_

4. How many days of work have you missed because of pain during the past 12 months? Tick (✓) one.

- 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]

5. 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]

Sub Total: \_\_\_\_\_

<p>6. Is your work heavy or monotonous? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>7. How would you rate the pain you have had during the past week? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>No pain</i> <span style="float: right;"><i>Pain as bad as it could be</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>8. In the past three months, on average, how intense was your pain? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>No pain</i> <span style="float: right;"><i>Pain as bad as it could be</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>9. How often would you say that you have experienced pain episodes, on average, during the past 3 months? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>Never</i> <span style="float: right;"><i>Always</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>10. 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 one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>Can't decrease it at all</i> <span style="float: right;"><i>Can decrease it completely</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>11. How tense or anxious have you felt in the past week? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>Absolutely calm and relaxed</i> <span style="float: right;"><i>As tense and anxious as I've ever felt</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>12. How much have you been bothered by feeling depressed in the past week? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>13. In your view, how large is the risk that your current pain may become persistent? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>No risk</i> <span style="float: right;"><i>Very large risk</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>
<p>14. In your estimation, what are the chances that you will be working in 6 months? Circle one.</p> <p>0    1    2    3    4    5    6    7    8    9    10</p> <p><i>No chance</i> <span style="float: right;"><i>Very large chance</i></span></p>	<input style="width: 40px; height: 40px;" type="text"/>

Sub Total: \_\_\_\_\_

15. If you take into consideration your work routines, management, salary, promotion possibilities and workmates, how satisfied are you with your job? Circle one.

0      1      2      3      4      5      6      7      8      9      10

*Not at all  
satisfied*

*Completely  
satisfied*

**Here are some of the things that other people have told us about their back pain. For each statement, please circle one number from 0 to 10 to say how physical activities would affect your back (or other area of pain).**

16. Physical activity makes my pain worse

0      1      2      3      4      5      6      7      8      9      10

*Completely  
disagree*

*Completely  
agree*

17. An increase in pain is an indication that I should stop what I am doing until the pain decreases.

0      1      2      3      4      5      6      7      8      9      10

*Completely  
disagree*

*Completely  
agree*

18. 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*

**Here is a list of 5 activities. Please circle the one number which best describes your current ability to participate in each of these activities.**

19. I can do light work for an hour.

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*

20. I can walk for an hour.

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*

21. I can do ordinary household chores.

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*

Sub Total: \_\_\_\_\_

22. I can do the weekly shopping.

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*

23. I can sleep at night.

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*

Sub Total: \_\_\_\_\_

**Source:**

Linton, S.J. & Boersma, K. (2003). Early identification of patients at risk of developing a persistent back problem: The predictive validity of the Orebro Musculoskeletal Pain Questionnaire. *The Clinical Journal of Pain* 19:80-86.

For further information on the background of the Orebro Musculoskeletal Pain Questionnaire, as well as specific information for using the questionnaire in clinical practice (administration, scoring, interpretation and linking to clinical practice, developing intervention), see:

Linton, S. J. (2005). *Understanding pain for better clinical practice: A psychological perspective.* Edinburgh: Elsevier Science.