

## Örebro Musculoskeletal Screening Questionnaire (ÖMSQ)

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Stopped Work or Routine: \_\_\_\_\_

Male  Female Problem and Area: \_\_\_\_\_

**For your pain or problem, answer each question in a way that is suitable for you.**

1. Where do you have your pain or problem? Use a tick (✓) for each site. [2 x Count]

neck / back  arm  leg  both sides  several body areas

2. How many days of work or daily routine have you missed because of this? Check (✓) one.

0 days [1]  1-2 days [2]  3-7 days [3]  8-14 days [4]  15-28 days [5]

1 month [6]  2 months [7]  3-6 months [8]  6-12 months [9]  over 1 year [10]

3. When did your current pain or problem start? Check (✓) one.

0 days [1]  1-2 days [2]  3-7 days [3]  8-14 days [4]  15-28 days [5]

1 month [6]  2 months [7]  3-6 months [8]  6-12 months [9]  over 1 year [10]

4. Rate how much of a burden it is to perform all the things you need to do in a normal day.

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

5. For the last 2-3 days, rate on average how bothersome your pain or problem is.

0 1 2 3 4 5 6 7 8 9 10  
*No pain or problem* *Worst possible*

6. Over the last 2-3 months, rate on average how bothersome your pain or problem is.

0 1 2 3 4 5 6 7 8 9 10  
*No pain or problem* *Worst possible*

7. For the last 2-3 days, for what percentage of the day do you notice your pain or problem?

0 10 20 30 40 50 60 70 80 90 100  
*Never* *All the time*

**We also need a bit more information on your thoughts and feelings.**

8. During the past 2-3 days, rate how you cope or deal with your pain or problem. [10-x]

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

9. During the past 2-3 days, rate how tense or anxious you have felt.

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

10. During the past 2-3 days, rate how “depressed” or “down” you have felt.

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

**We also need a bit more information on your thoughts and feelings.**

11. What do you think is the risk that your current pain or problem will not improve.

0 1 2 3 4 5 6 7 8 9 10  
*No risk* *Very large risk*

12. What's the chance you'll be working or doing your normal routine in 6 months? [10-x]

0 1 2 3 4 5 6 7 8 9 10  
*No chance* *Very large chance*

13. Think of your life; rate how satisfied you are with your current situation. [10-x]

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

**How true are the next three statements?**

14. Physical activity makes my pain or problem worse.

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

15. If my pain or problem increases, I should stop what I am doing.

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

16. I should not do my normal daily routine or work with my present pain or problem.

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

**Help us to better understand your current physical abilities.** [10-x]

17. I can do light work for an hour such as lifting, carrying or moving objects <5kg or 10lb.

0 1 2 3 4 5 6 7 8 9 10  
*Not at all* *Completely normal*

18. I can walk for an hour or participate in my normal light recreational or sporting activities.

0 1 2 3 4 5 6 7 8 9 10  
*Not at all* *Completely normal*

19. I do my normal home activities and chores (steps, chairs, cleaning, family, duties...).

0 1 2 3 4 5 6 7 8 9 10  
*Not at all* *Completely normal*

20. I do my normal daily routine and social activities (shopping, transport, see friends...).

0 1 2 3 4 5 6 7 8 9 10  
*Not at all* *Completely normal*

21. I can sleep at night and move normally in bed.

0 1 2 3 4 5 6 7 8 9 10  
*Not at all* *Completely normal*

**Therapists Notes:** Questions score 0-10; Qs 8, 12-13, 17-21 reverse (10-x); Q 1 is 2x

Scores: 1=\_\_\_\_ 2 to 7=\_\_\_\_ 9 to 11=\_\_\_\_ 14 to 16=\_\_\_\_ 8,12 & 13=\_\_\_\_ 17 to 21=\_\_\_\_

**TOTAL=\_\_\_\_\_**