Figure 2: The Short-Form Örebro Musculoskeletal Screening Questionnaire (ÖMSQ-12)

Örebro Musculoskeletal Screening Questionnaire
12-Item Short Form (ÖMSQ-12)

NAME:_____ Date:_____ Problem:_____

1. When did your current pain or problem start? Check (✓) 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. 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*

3. 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
   Not at all   *Extremely*

4. For the last 2-3 days, 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.

5. 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*

6. 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*

7. What do you think is the risk that your current pain or problem will <u>not</u> improve?
   0   1   2   3   4   5   6   7   8   9   10
   No risk   *Very large risk*

8. 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   *Extremely*

How true are the next two statements for you?

9. Physical activity makes my pain or problem worse.
   0   1   2   3   4   5   6   7   8   9   10
   Not at all   *Extremely*

10. 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   *Extremely*

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

11. I can walk for an hour or participate in my normal <u>light</u> recreational or sporting activities.

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

12. I manage my daily routine and social activities (eg. shopping or transport or see friends).

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

Therapist's Notes: Questions scores = 0-10, **EXCEPT** 8, 11&12 where score = **10-x**

Scores: **1-7**=_____; **9-10**=_____; **8,11&12**=_____   **TOTAL**=_____