

Orebro Musculoskeletal Pain Screening Questionnaire (OMPQ) (Modified)
(Linton & Hallden, 1996)

1. What year were you born? 19.....

2. Are you: male female

3. Were you born in Australia? yes no

4. Where do you have pain? Place a ✓ for all appropriate sites.

arm shoulder face neck leg

upper back lower back head chest abdomen

5. How many days of work have you missed because of pain during the past 18 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]

6. 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]

7. Is your work heavy or monotonous? Circle the best alternative.

0 1 2 3 4 5 6 7 8 9 10

Not at all

Extremely

8. 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

9. In the past three months, on average, how bad was your pain? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No pain

Pain as bad as it could be

10. How often would you say that you have experienced pain episodes, on average, during the past 3 months? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Never

Always



11. Based on all the things you do to cope, ordeal with your pain, on an average day, how much are you able to decrease it? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Can't decrease it at all

Can decrease it completely

12. 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

13. 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

14. 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

15. In your estimation, what are the chances that you will be working in 6 months? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No chance

Very large chance

16. If you take into consideration your work routines, management, salary, promotion possibilities and work mates, 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 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.

17. Physical activity makes my pain worse.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree

Completely agree

18. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree

Completely agree

19. 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 that best describes your current ability to participate in each of these activities.

20. 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

21. 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

22. 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

23. I can go 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

24. 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

Thankyou for your cooperation!