Örebro Musculoskeletal Pain Screening Questionnaire (Short)	empowerehab
Are you	
<b>1. How long have you had your current pain problem?</b> 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]	
<b>2. How would you rate the pain that you have had during the past week?</b> Circle one.012345678910No painPain as bad as it could be	
3. 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 the pain problem Can do it without pain becoming a problem Can do it without pain becoming a problem   4. I can sleep at night. 0 1 2 3 4 5 6 7 8 9 10	10-x
Can't do it because Can do it without pain becoming a problem	 10-x
5. How tense or anxious have you felt in the past week?012345678910Absolutely calm and relaxedAs tense and anxious as I've ever felt	
6. How much have you been bothered by feeling depressed in the past week?012345678910Not at allExtremely	
7. In your view, how large is the risk that your current pain may become persistent?012345678910No riskVery large risk	
8. In your estimation, what are the chances you will be working your normal duties in012345678910No riskVery large risk	n 3 months?
Here are some of the things which other people have told us about their pain. For each statement ple number from 0-10 to say how much physical activities, such as bending & lifting, affect your pain.	ase circle 1
9. An increase in pain is an indication that I should stop what I'm doing until the pain012345678910Completely disagree	decreases.
<b>10.1 should not do my normal work with my present pain.</b> 012345678910Completely disagreeCompletely agree	

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