

Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)

Linton and Boersma 2003¹

1. Name Hayley Young Phone 0423226747 Date 1/19/24
2. Date of Injury 6/6/24 Date of birth 14/11/02
3. Male ☐ Female ☒
4. Were you born in Australia*? Yes ☒ No ☐

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

<p>5. Where do you have pain? Place a tick (✓) for all appropriate sites.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Neck</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Shoulder</div> <div style="width: 50%;"><input type="checkbox"/> Arm</div> <div style="width: 50%;"><input type="checkbox"/> Upper Back</div> <div style="width: 50%;"><input type="checkbox"/> Lower Back</div> <div style="width: 50%;"><input type="checkbox"/> Leg</div> <div style="width: 50%;"><input type="checkbox"/> Other (state)</div> </div>		<p>2x (max 10)</p> <p>2</p>
<p>6. How many days of work have you missed because of pain during the past 18 months? Tick (✓) one.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> 0 days (1)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 1-2 days (2)</div> <div style="width: 50%;"><input type="checkbox"/> 3-7 days (3)</div> <div style="width: 50%;"><input type="checkbox"/> 8-14 days (4)</div> <div style="width: 50%;"><input type="checkbox"/> 15-30 days (5)</div> <div style="width: 50%;"><input type="checkbox"/> 1 month (6)</div> <div style="width: 50%;"><input type="checkbox"/> 2 months (7)</div> <div style="width: 50%;"><input type="checkbox"/> 3-6 months (8)</div> <div style="width: 50%;"><input type="checkbox"/> 6-12 months (9)</div> <div style="width: 50%;"><input type="checkbox"/> over 1 year (10)</div> </div>		<p>2</p>
<p>7. How long have you had your current pain problem? Tick (✓) one.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> 0-1 week (1)</div> <div style="width: 50%;"><input type="checkbox"/> 1-2 weeks (2)</div> <div style="width: 50%;"><input type="checkbox"/> 3-4 weeks (3)</div> <div style="width: 50%;"><input type="checkbox"/> 4-5 weeks (4)</div> <div style="width: 50%;"><input type="checkbox"/> 6-8 weeks (5)</div> <div style="width: 50%;"><input type="checkbox"/> 9-11 weeks (6)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 3-6 months (7)</div> <div style="width: 50%;"><input type="checkbox"/> 6-9 months (8)</div> <div style="width: 50%;"><input type="checkbox"/> 9-12 months (9)</div> <div style="width: 50%;"><input type="checkbox"/> over 1 year (10)</div> </div>		<p>7</p>
<p>8. Is your work heavy or monotonous? Circle the best alternative.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>0 Not at all</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10 Extremely</div> </div>		<p>7</p>
<p>9. How would you rate the pain that you have had during the past week? Circle one.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>0 No pain</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10 Pain as bad as it could be</div> </div>		<p>4</p>

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1 Linton SJ, Boersma K. Early identification of patients at risk of developing a persistent back problem: the predictive validity of the Örebro Musculoskeletal Pain Questionnaire. *Clin J Pain* 2003;19: 80-86.

<p>10. In the past three months, on average, how bad was your pain on a 0-10 scale? Circle one.</p> <p>0 1 2 3 4 5 <u>6</u> 7 8 9 10</p> <p>No pain Pain as bad as it could be</p>	6
<p>11. How often would you say that you have experience pain episodes, on average, during the past three months? Circle one.</p> <p>0 1 2 3 4 <u>5</u> 6 7 8 9 10</p> <p>Never Always</p>	5
<p>12. 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 the appropriate number.</p> <p>0 1 2 3 4 5 6 <u>7</u> 8 9 10</p> <p>Can't decrease it at all Can decrease it completely</p>	10 - x 3
<p>13. How tense or anxious have you felt in the past week? Circle one.</p> <p>0 1 2 <u>3</u> 4 5 6 7 8 9 10</p> <p>Absolutely clam and relaxed As tense and anxious as I've ever felt</p>	3
<p>14. How much have you been bothered by feeling depressed in the past week? Circle one.</p> <p><u>0</u> 1 2 3 4 5 6 7 8 9 10</p> <p>Not at all Extremely</p>	0
<p>15. In your view, how large is the risk that your current pain may become persistent? Circle one.</p> <p>0 1 2 <u>3</u> 4 5 6 7 8 9 10</p> <p>No risk Very large risk</p>	3
<p>16. In your estimation, what are the chances that you will be able to work in six months? Circle one.</p> <p>0 1 2 3 4 5 6 7 8 9 <u>10</u></p> <p>No chance Very large chance</p>	10 - x 0
<p>17. If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one.</p> <p>0 1 2 3 4 5 6 7 <u>8</u> 9 10</p> <p>Not satisfied at all Completely satisfied</p>	10 - x 2

Here are some of the things that other people have told us about their pain. For each statement, circle one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain.

18. Physical activity makes my pain worse.

0 1 2 3 4 5 6 7 8 9 10
Completely disagree Completely agree

8

19. 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

8

20. 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

10

Here is a list of five activities. Circle the one number that best describes your current ability to participate in each of these activities.

21. 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

10 - x

3

22. 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

10 - x

0

23. 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
Vac + mop cause pain

10 - x

5

24. 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

10 - x

0

25. 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

10 - x

3

Total ÖMPQ: 81