Örebro Musculoskeletal Pain Screening Questionnaire (Short-form)(Linton et al, 2010)												
Name:								Date:				
1. How long have you had your current pain pr  0-1 weeks [1]							s [3]	☐ 4-5 weeks [4] ☐ 6-8 weeks [5]				
2. How would you rate the pain that you have had during the past week? Circle one.												
0 1 No pain	2	3	4	5	6	7	8 Pair	9 n as bad	10 I as it could b	ре	]	]
For items 3 and 4, please circle the one number that best describes your current ability to participate in each of these activities.												
3. I can de	o light v	vork	(or ho	me dut	ties) fo	r an h	our.					
0 1 Not at all	2	3	4	5	6	7	8	9 Witho	10 out any diffi	ïculty	(10-)[	]
4. I can sl	eep at r	night										
0 1 Not at all	2	3	4	5	6	7	8	9 Witho	10 ut any diffi	culty	(10-)[	]
5. How tense or anxious have you felt in the past week? Circle one.												
0 1 Absolutely	2	3	4	•	6	7	8	9		e ever felt		]
6. How much have you been bothered by feeling depressed in the past week? Circle one.												
0 1 Not at all	2	3	4	5	6	7	8	9 Extre			[	]
7. In your view, how large is the risk that your current pain may become persistent?												
0 1 No risk	2	3	4	5	6	7		9 ry large			[	]
8. In your estimation, what are the chances you will be working your normal duties (at home or work) in 3 months												
0 1 No chance	2	3	4	5	6		8 Very La	9 arge Ch	10 nance		(10-)[	]
9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.												
0 1 Completely	2 disagre	3 e	4	5	6	7	8 Comp	9 oletely a	10 agree		[	]
10. I shou					•				•	ıy prese	-	
0 1 Completel	2 y disagr	3 ee	4	5	6	7	8 Comp	9 oletely a	10 agree	CIIMA.		]
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