

# Orebro Musculoskeletal Pain Questionnaire (OMPQ)

Linton and Boersma 2003<sup>1</sup>

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

2. Date of Injury \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Male or Female? M or F

4. Were you born in Australia? Y or N

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 questions. There is **always** a response for your particular situation.

5. Where do you have pain? Please X for all appropriate sites. 2x  
[max 10]  
 Neck  Shoulder  Arm  Upper Back  Leg  Lower Back  
 Other (please state where) \_\_\_\_\_

6. How many days of work have you missed because of pain during the past 18 months? [ ]  
 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)

7. How long have you had your current pain problem? Please X only one answer. [ ]  
 0-1 week(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)

8. Is your work heavy or monotonous? Please circle the best answer on a scale from 0 to 10. [ ]  
(Not at all) 0 1 2 3 4 5 6 7 8 9 10 (Extremely)

9. How would you rate the pain that you have had during the past week? Circle one. [ ]  
(No pain) 0 1 2 3 4 5 6 7 8 9 10 (Pain as bad as it could be)

10. In the past three months, on average, how bad was your pain on a 1-10 scale? Circle one. [ ]  
(No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Pain as bad as it could be)

11. How often would you say that you have experience pain episodes, on average, during the past three months? Circle one. [ ]  
(Never) 0 1 2 3 4 5 6 7 8 9 10 (Always)

12. Based on all things you do to cope, or deal with your pain, on an average day, how much [10- x ]  
Are you able to decrease it? Circle one.  
(No at all) 0 1 2 3 4 5 6 7 8 9 10 (Completely)

13. How tense or anxious have you felt in the past week? Circle one. [ ]  
(Absolutely calm and relaxed) 0 1 2 3 4 5 6 7 8 9 10 (As tense and anxious as I've ever felt)

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

14. How much have you been bothered by feeling depressed in the past week? Circle one. [     ]  
(Not at all)     0    1    2    3    4    5    6    7    8    9    10 (Extremely)

15. In your view, how large is the risk that your current pain may become persistent? Circle one. [     ]  
(No risk)     0    1    2    3    4    5    6    7    8    9    10 (Very large risk)

16. In your estimation, what are the chances that you will be able to work in six months? Circle one. [10-x ]  
(No chance)     0    1    2    3    4    5    6    7    8    9    10 (Very large chance)

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. [10-x ]  
(Not satisfied at all)     0    1    2    3    4    5    6    7    8    9    10 (Completely satisfied)

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 activity, such as bending, lifting, walking, or driving, would affect your pain.

18. Physical activity makes my pain worse. [     ]  
(Completely disagree) 0    1    2    3    4    5    6    7    8    9    10 (Completely agree)

19. An increase in pain is an indication that I should stop what I'm doing until the pain decreases. [     ]  
(Completely Disagree) 0    1    2    3    4    5    6    7    8    9    10 (Completely agree)

20. I should not do my normal work with my present pain. [     ]  
(Completely Disagree) 0    1    2    3    4    5    6    7    8    9    10 (Completely agree)

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. [10-x ]  
(Can't do it because of pain) 0 1 2 3 4 5 6 7 8 9 10 (Can do it without pain being a problem)

22. I can walk for an hour. [10-x ]  
(Can't do it because of pain) 0 1 2 3 4 5 6 7 8 9 10 (Can do it without pain being a problem)

23. I can do ordinary household chores. [10-x ]  
(Can't do it because of pain) 0 1 2 3 4 5 6 7 8 9 10 (Can do it without pain being a problem)

24. I can do the weekly shopping. [10-x ]  
(Can't do it because of pain) 0 1 2 3 4 5 6 7 8 9 10 (Can do it without pain being a problem)

25. I can sleep at night. [10-x ]  
(Can't do it because of pain) 0 1 2 3 4 5 6 7 8 9 10 (Can do it without pain being a problem)

Name \_\_\_\_\_ Date \_\_\_\_\_