Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPQ)

Source: Linton SJ, Boersma K. Early identification of patients at risk of developing a persistent back problem: the predictive validity of the Orebro Musculoskeletal Pain Questionnaire. *Clin J Pain*. 2003 Mar-Apr;19(2):80-6.

The Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) is a screening tool which assesses the risk that a worker will develop long-term disability or fail to return to work following a musculoskeletal injury. It consists of 21 questions which address psycho-social factors (yellow flags), including beliefs and expectations that may influence recovery and return to work.

Ideally, this questionnaire should be completed between 4 and 12 weeks following a musculoskeletal injury. The screening tool enables a practitioner to identify possible risks factors and apply appropriate interventions (for instance, use of activity programs based on cognitive behavioural strategies, addressing fear-avoidance or 'catastrophising') to reduce the risk of long-term disability in injured workers. Evidence indicates that these factors can be changed if they are addressed early in the recovery process.

Scoring instructions

For question 1, count the number of pain sites and multiply by two – this is the score (maximum score allowable is 10).

For questions 2 and 3 the score is the number bracketed after the ticked box.

For questions 4, 5, 6, 7, 9, 10, 11, 14, 15 and 16 the score is the number that has been ticked or circled.

For questions 8, 12, 13, 17, 18, 19, 20 and 21 the score is 10 minus the number that has been circled.

Write the score in the shaded area beside each item.

Add up the scores for questions 1 to 21 – this is the total ÖMPQ score.

Interpretation of scores

Higher scores are associated with increased risk of long-term disability or failure to return to work. A score of 105 or above indicates persons who are at risk of disability/failure to return to work. These people may require referral to an allied health professional such as a psychologist.

Responses to individual questions may provide the practitioner with useful information about beliefs and attitudes that may influence recovery.

Instructions

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 too long to answer the questions, however it is important that you answer every question. There is always a response for your particular situation.

	2x (max 10)
1. Where do you have pain? Place a tick for all appropriate sites. ☐ Neck ☐ Shoulder ☐ Arm ☐ Upper back ☐ Lower back ☐ Leg ☐ Other (state) _____	
2. How many days of work have you missed because of pain during the last 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)	
3. 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)	
4. 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*	
5. 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*	
6. 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*	
7. How often would you say that you have experienced pain episodes, on average, during the past three months? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *Never* *Always*	

8. 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. 0 1 2 3 4 5 6 7 8 9 10 *Can't decrease it at all* *Can decrease it completely*	
9. 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*	
10. 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*	
11. 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*	
12. In your estimation, what are the chances that you will be able to work in six months? Circle one. 0 1 2 3 4 5 6 7 8 9 10 *No chance* *Very large chance*	10 - x
13. 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 satisfied at all* *Very large chance*	10 - x
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.	
14. Physical activity makes my pain worse. 0 1 2 3 4 5 6 7 8 9 10 *Completely disagree* *Completely agree*	
15. 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*	

16. 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 five activities. Circle the one number that best describes your current ability to participate in each of these activities.	
17. 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
18. 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
19. 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*	10 - x
20. 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
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