

# Örebro Musculoskeletal Screening Questionnaire (OMSQ)

## Short Form (SF-12)

(Gabel, C. P 2012)

Today's date:	Claim number:
Name:	Problem:
<p>1. When did your current pain or problem start? Check (✓) one</p> <p> <input type="checkbox"/> 0-1 weeks [1]                   <input type="checkbox"/> 1-2 weeks [2]                   <input type="checkbox"/> 3-4 weeks [3]                   <input type="checkbox"/> 4-5 weeks [4]                   <input type="checkbox"/> 6-8 weeks [5]             </p> <p> <input type="checkbox"/> 9-11 weeks [6]                   <input type="checkbox"/> 3-6 months [7]                   <input type="checkbox"/> 6-9 months [8]                   <input type="checkbox"/> 9-12 months [9]                   <input type="checkbox"/> over 1 year [10]             </p>	
<p>2. Rate how much of a burden it is to perform all the things you need to do in a normal day.</p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	
<p>3. For the last 2-3 days, rate on average how bothersome your pain or problem is.</p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	
<p>4. For the last 2-3 days, what percentage of the day do you notice your pain or problem?</p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	
<p><b><i>We also need a bit more information on your thoughts and feelings.</i></b></p>	
<p>5. During the past 2-3 days, rate how tense or anxious you have felt.</p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	
<p>6. During the past 2-3 days, rate how 'depressed' or 'down' you have felt.</p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	
<p>7. What do you think is the risk that your current pain or problem will <u>not</u> improve?</p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>No risk</i> <span style="float: right;"><i>Very large risk</i></span></p>	
<p>8. Think of your life; rate how satisfied you are with your current situation. <span style="float: right;">[10-x]</span></p> <p>0   1   2   3   4   5   6   7   8   9   10</p> <p><i>Not at all</i> <span style="float: right;"><i>Extremely</i></span></p>	

**How true are the next statements to you?**

9. Physical activity makes my pain or problem worse.

0 1 2 3 4 5 6 7 8 9 10

*Not at all*

*Extremely*

10. I should not do my normal daily routine or work with my present pain or problem.

0 1 2 3 4 5 6 7 8 9 10

*Not at all*

*Extremely*

**Help us better understand your current physical abilities.**

11. I can walk for an hour or participate in my normal light recreational or sporting activities.

0 1 2 3 4 5 6 7 8 9 10

*Not at all*

*Extremely*

[10-x]

12. I manage my daily routine and social activities (e.g. shopping or transport or see friends).

0 1 2 3 4 5 6 7 8 9 10

*Not at all*

*Extremely*

**Therapists notes:** Questions score = 0-10, **except** 8, 11 & 12 where score = 10 – x

**Scores:** 1 to 7 = \_\_\_\_\_ 8, 11 & 12 = \_\_\_\_\_

Source:

Gabel, C.P. (2012) *Orebro Musculoskeletal Screening Questionnaire*, Risk Identification, AAP education, accessed at <https://www.aapeducation.com.au/free-stuff/clinical-resource/screening-tools/risk-identification.html>