Örebro Musculoskeletal Screening Questionnaire (OMSQ)

Short Form (SF-12)

(Gabel, C. P 2012)

Today’s date:  
Claim number:  
Name:  
Problem:  

1. When did your current pain or problem start? Check (✓) 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]

2. Rate how much of a burden it is to perform all the things you need to do in a normal day.
   0 1 2 3 4 5 6 7 8 9 10
   Not at all  Extremely

3. For the last 2-3 days, rate on average how bothersome your pain or problem is.
   0 1 2 3 4 5 6 7 8 9 10
   Not at all  Extremely

4. For the last 2-3 days, what percentage of the day do you notice your pain or problem?
   0 1 2 3 4 5 6 7 8 9 10
   Not at all  Extremely

We also need a bit more information on your thoughts and feelings.

5. During the past 2-3 days, rate how tense or anxious you have felt.
   0 1 2 3 4 5 6 7 8 9 10
   Not at all  Extremely

6. During the past 2-3 days, rate how ‘depressed’ or ‘down’ you have felt.
   0 1 2 3 4 5 6 7 8 9 10
   Not at all  Extremely

7. What do you think is the risk that your current pain or problem will not improve?
   0 1 2 3 4 5 6 7 8 9 10
   No risk  Very large risk

8. Think of your life; rate how satisfied you are with your current situation. [10x]
   0 1 2 3 4 5 6 7 8 9 10
   Not at all  Extremely
### How true are the next statements to you?

9. Physical activity makes my pain or problem worse.
   ![Scale with options: Not at all, 1, 2, 3, 4, 5, 6, 7, 8, 9, Extremely]

10. I should not do my normal daily routine or work with my present pain or problem.
    ![Scale with options: Not at all, 1, 2, 3, 4, 5, 6, 7, 8, 9, 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.
    ![Scale with options: Not at all, 1, 2, 3, 4, 5, 6, 7, 8, 9, Extremely]

12. I manage my daily routine and social activities (e.g. shopping or transport or see friends).
    ![Scale with options: Not at all, 1, 2, 3, 4, 5, 6, 7, 8, 9, Extremely]

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

Scores: 1 to 7 = _______  8, 11 & 12 = _______

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**Source:**