

Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) Linton and Boersma 2003¹

1.	Nan	пе ———			Phone —					Date	-		
2.	2. Date of Injury Date of birth												
3.	Male	е	Female										
4.	Wer	e you born	in Austra	lia*?	Yes		No						
Plea	se re	ad and ans	swer ques	tions ca	refully. Do	not tak	e long t	ins, such a o answer th sponse for	ne ques	tions, I	nowev		
5.	Whe	ere do you	have pain	? Place	a tick (✔)	for all a	appropri	ate sites.					2x
Γ		Neck			Shoulder			Arm			JqU	oer Back	(max 10)
		Lower Ba	ck		Leg			Other (sta	ite)				
6. How many days of work have you missed because of pain during the past 18 months? Tick (✓) one.													
		0 days (1)		1-2 days	(2)		3-7 days	(3)		8-1	4 days (4)	
		15-30 da	ys (5)		1 month	(6)		2 months	(7)		3-6	months (8)	
		6-12 mor	iths (9)		over 1 ye	ar (10)							
7.	How	long have	you had	your cu	rrent pain	problem	? Tick (✓) one.					
		0-1 week	(1)		1-2 week	s (2)		3-4 weeks	s (3)		4-5	weeks (4)	
		6-8 weeks	s (5)		9-11 wee	eks (6)		3-6 mont	hs (7)		6-9	months (8)	
		9-12 mor	iths (9)		over 1 ye	ar (10)							
8.	ls yo	our work he	eavy or m	onotono	us? Circle	the bes	t alterna	ative.					
	0	1	2	3	4	5	6	7	8		9	10	
	Not	at all									Ext	remely	
9.	9. 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	s it co	ould be	

making a difference

 $^{^{\}star}$ Modified for use by WorkCover NSW (with permission)

¹ 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.

10.	In the past three months, on average, how bad was your pain on a 0-10 scale? Circle one.											
	0	1	2	3	4	5	6	7	8	9	10	
	No pair	1						Р	ain as ba	ad as it co	ould be	
11.	. How often would you say that you have experience pain episodes, on average, during the past thr months? Circle one.											
	0	1	2	3	4	5	6	7	8	9	10	
	Never										Always	
12.	2. 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.										ch are you	10 - x
	0	1	2	3	4	5	6	7	8	9	10	
	Can't d	ecrease	it at all					Ca	ın decrea	ase it com	pletely	
13.	3. 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 clam and relaxed											
14. 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										Ex	tremely	
15.	In your	view, h	ow large	is the ris	k that you	ur current	pain ma	y become	persiste	nt? Circle	one.	
	0	1	2	3	4	5	6	7	8	9	10	
	No risk									Very la	rge risk	
16.	In your	estimat	ion, wha	t are the	chances	that you v	will be ab	le to work	c in six n	nonths? C	ircle one.	10 - x
	0	1	2	3	4	5	6	7	8	9	10	
	No cha	псе							V	'ery large	chance	
17.	7. 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 Completely satisfied											

one	numbe	r from 0	ne things to 10 to it your pa	say how i				•			nent, circle king or	
18.	Physical activity makes my pain worse.											
	0	1	2	3	4	5	6	7	8	9	10	
	Compl	etely dis	sagree						(Completel	y agree	
19.	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	
	Compl	etely dis	sagree						C	Completel	y agree	
20.	I should not do my normal work with my present pain.											
	0	1	2	3	4	5	6	7	8	9	10	
	Compl	etely dis	sagree					Completely agree				
			e activities of these a		he one n	umber th	at best de	escribes y	our curre	ent ability	' to	
21.	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											
22.	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											
23.	. I can do ordinary household chores.											10 - x
	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											
<u> </u>	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											
<u> </u>	. I can sleep at night.											
	0	1	2	3	4	5	6	7	8	9	10	
	Can't	do it bed	cause of p	oain probl	em		Can	do it with	out pain	being a p	oroblem	

Explanatory Notes

The Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) is a 'yellow flag' screening tool that predicts long-term disability and failure to return to work when completed four to 12 weeks following a soft tissue injury². A cut-off score of 105 has been found to predict those who will recover (with 95 per cent accuracy), those who will have no further sick leave in the next six months (with 81 per cent accuracy), and those who will have long-term sick leave (with 67 per cent accuracy)¹.

The ÖMPQ predicted failure to return to work six months after compensable musculoskeletal injury in a NSW population of workers. The injuries in the study group were mixed, and the ÖMPQ was found to be more specific and sensitive for back injuries. In workers with back injuries screened at four to 12 weeks, a cut-off score of 130 correctly predicted 86 per cent of those who failed to return to work³.

Identification, through the ÖMPQ, of workers at risk of failing to return to work due to personal and environmental factors provides the opportunity for treating practitioners to apply appropriate interventions (including the use of activity programs based on cognitive behavioural strategies) to reduce the risk of long-term disability in injured workers. Evidence indicates that these factors can be changed if they are addressed⁴.

Administering the questionnaire

The ÖMPQ is designed to be a self administered tool completed by the worker in a quiet environment without assistance from any other person. A detailed explanation is provided by the person administering the questionnaire:

"Information from this questionnaire helps us understand your problem better, and it especially helps us evaluate the possible long-term consequences your pain may have. It is important that you read each question carefully and answer it as best you can. There are no right or wrong answers. Please answer every question. If you have difficulty, select the answer that best describes your situation".

Where uncertainty or a request for more information is expressed, encouragement is provided to "answer as best you can". The questionnaire item may be read aloud to assist, however the question should not be rephrased. All questions should be answered, as missing values will reduce validity⁵.

Scoring instructions

- · For question 5, count the number of pain sites and multiply by two this is the score (maximum score allowable is 10).
- · For questions 6 and 7 the score is the number bracketed after the ticked box.
- For questions 8, 9, 10, 11, 13, 14, 15, 18, 19 and 20 the score is the number that has been ticked or circled.
- For questions 12, 16, 17, 21, 22, 23, 24 and 25 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 5 to 25 this is the total ÖMPQ score.
- 1 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.
- 2 Linton SJ, Hallden K. Can we screen for problematic back pain? A screening questionnaire for predicting outcome in acute and subacute back pain. Clin J Pain 1998; 3: 209-215.
- 3 Dunstan DA, Covic T, Tyson GA, Lennie, IG (2005) Does the OMPQ predict outcomes following a work related compensable injury? International Journal of Rehabilitation Research 28(4), 369-370.
- 4 Linton SJ, Ryberg M. A cognitive-behavioral group intervention as prevention for persistent neck and back pain in a non-patient population: a randomized controlled trial. Pain 2001; 83-90.

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Marhold C, Linton SJ, Melin L. A cognitive-behavioral return to work program: effects on pain patients with a history of long-term versus short-term sick leave. Pain 2001; 91:155-163.

5 Linton SJ. Understanding pain for better clinical practice - a psychological perspective. Edinburgh: Elsevier, 2005.

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WorkCover NSW 92-100 Donnison St Gosford NSW 2250 Locked Bag 2906 Lisarow NSW 2252 WorkCover Assistance Service **13 10 50** Website www.workcover.nsw.gov.au