Orebro Musculoskeletal Screening Questionnaire (OMSQ) Short Form (SF-12)

NAME:	Dat	e: Prol	olem:	
	weeks [2] 3-4	weeks [3] □ 4-5	ne. 5 weeks [4]	
2. Rate how much of a bur	rden it is to perform	m all the things y	ou need to do in a normal day	y.
0 1 2 Not at all	3 4 5	6 7 8	9 10 Extremely	
3. For the last 2-3 days, ra	te on average how	bothersome you	r pain or problem is.	
0 1 2 Not at all	3 4 5	6 7 8	9 10 Extremely	
4. For the last 2-3 days, w 0 10 20 Never	hat percentage of t 30 40 50	the day do you no	otice your pain or problem? 90 100 All the time	
We also need a	bit more inform	ation on your	thoughts and feelings.	
5. During the past 2-3 d 0 1 2 Not at all		e or anxious you 6 7 8	have felt. 9 10 Extremely	
6. During the past 2-3 d 0 1 2 Not at all	The state of the s	pressed" or "dow 6 7 8	n" you have felt. 9 10 Extremely	
0 1 2		current pain or p	roblem will <u>not</u> improve?	
No risk			Very large risk	
8. Think of your life; ra 0 1 2 Not at all		6 7 8	9 10 Extremely	1
How true are the next two statements for you?				
9. Physical activity mak 0 1 2 Not at all	1027 P. 1241 1512	blem worse. 6 7 8	9 10 Extremely	
10. I should not do my so 1 2 Not at all		ne or work with r 6 7 8	ny present pain or problem. 9 10 Extremely	
		그는 일이 들어 하는 것을 하는데 되었다. 그 교육을 되었다면 그리고 있다고 있다.	physical abilities. [10-x] ecreational or sporting activit	
0 1 2 Not at all	3 4 5	6 7 8 C	9 10 Completely Normal	
12. I manage my daily rou	tine and social act	tivities (eg. shopp	oing or transport or see friend	s).
0 1 2 Not at all	3 4 5	6 7 8 c	9 10 Completely Normal	
Therapists Notes: Questions score = 0-10, EXCEPT 8, 11&12 where score = 10-x				
Scores: 1 to 7= 8	3,11&12=		TOTAL=	