

Orebro
Activity Screening Questionnaire

Name: _____

Gender: Male Female

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Please read and answer each of the following questions. We are concerned with how your injury may be affecting your daily activities, and hope to make your outcome a safe, and efficient one. This questionnaire will help us outline and gain perspective with each individual situation.

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1. How many days of work have you missed because of pain you've experienced during the past 18 months? Please check the most appropriate time span:

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)

2. Where do you experience pain? Please check all the appropriate sites:

Neck Shoulders Upper back Lower back Leg(s)
 Arm(s) Wrist/hand Ankle/foot Head Other

3. How long have you been experiencing this pain problem? Please check most appropriate time period:

0-1 Weeks(1) 1-2 Weeks(2) 3-4 Weeks(3) 4-5 Weeks(4) 6-8 Weeks(5)
 9-11 Week(6) 3-6 Months(7) 6-9 Months(8) 9-12 Months(9) Over 1 Year(10)

4. Please rate the pain that you have experienced within the last week. Circle most appropriate number on scale:

0	1	2	3	4	5	6	7	8	9	10
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0 = No pain 10 = Pain as bad as it could be

5. On average, during the past three months, how severe was your pain?

0	1	2	3	4	5	6	7	8	9	10
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0 = No pain 10 = Pain as bad as it could be

6. On average, during the past three months, how frequent were the episodes of pain that you experienced? Please circle most appropriate rating on scale:

0	1	2	3	4	5	6	7	8	9	10
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0 = Never 10 = Always

7. Are you able to deal or cope with your pain in any way, to decrease it? This would be based on an average day, doing average things. Please circle the number that best describes the amount **you** can decrease your daily pain:

0	1	2	3	4	5	6	7	8	9	10
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0 = Can not decrease pain at all

10 = Can decrease pain completely

The following is a short list of activities done on a daily basis. Please circle the most appropriate number on the scale(s), according to your ability to do each task.

8. I can do light work for an hour:

0	1	2	3	4	5	6	7	8	9	10
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0 = Can not do because of pain

10 = Can do without pain causing problems

9. I can walk for an hour:

0	1	2	3	4	5	6	7	8	9	10
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0 = Can not do because of pain

10 = Can do without pain causing problems

10. I can do ordinary household chores:

0	1	2	3	4	5	6	7	8	9	10
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0 = Can not do because of pain

10 = Can do without pain causing problems

11. I can go shopping:

0	1	2	3	4	5	6	7	8	9	10
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0 = Can not do because of pain

10 = Can do without pain causing problems

12. I can sleep at night:

0	1	2	3	4	5	6	7	8	9	10
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0 = Can not do because of pain

10 = Can do without pain causing problems

13. Is your work monotonous (dull, boring)? Please circle best rating on scale:

0	1	2	3	4	5	6	7	8	9	10
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0 = Not at all

10 = Extremely

14. In the past week, how tense or anxious have you been feeling? Please circle most appropriate rating on scale:

0	1	2	3	4	5	6	7	8	9	10
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0 = Absolutely calm and relaxed

10 = As tense and anxious as I've ever felt

15. Have you felt depressed at all in the past week? Please circle which best describes how you have been feeling:

0	1	2	3	4	5	6	7	8	9	10
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0 = Not at all

10 = Extremely

16. In your opinion, do you feel there is a risk of your pain not going away?

0	1	2	3	4	5	6	7	8	9	10
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0 = No risk

10 = Very large risk

17. In your opinion, do you feel there is a chance you will be working in 6 months?

0	1	2	3	4	5	6	7	8	9	10
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0 = No chance

10 = Very large chance

18. While taking into consideration your work routine, management, your salary, the possibility for promotion, and your co-workers, how satisfied are you with your current job situation?

0	1	2	3	4	5	6	7	8	9	10
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0 = Not at all satisfied

10 = Completely satisfied

The following statements were given to us by clients of our clinics regarding the pain they experience during physical activities such as bending, lifting, walking or driving. Please circle the appropriate number on the scale to help us determine the level of pain you experience while doing such activities:

19. Physical activity makes my pain worse.

0	1	2	3	4	5	6	7	8	9	10
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0 = Completely Disagree

10 = Completely Agree

20. When I feel an increase in pain, I should stop what I am doing until the pain decreases.

0	1	2	3	4	5	6	7	8	9	10
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0 = Completely Disagree

10 = Completely Agree

21. I should not do my normal work with my present pain.

0	1	2	3	4	5	6	7	8	9	10
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0 = Completely Disagree

10 = Completely Agree

This questionnaire is with reference to Steven J. Orebro, Ph.D., And Karin Hallden, B.A.
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