

# SHORT FORM OREBRO MUSCULOSKELETAL SCREENING QUESTIONNAIRE (SFO)

Date of injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Condition/Problem areas: \_\_\_\_\_

1	<p><b>How long have you had your current pain problem? Tick one.</b></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]  <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>	
2	<p><b>How much would you rate the pain that you have had during the past week? Circle one.</b></p> <p>0      1      2      3      4      5      6      7      8      9      10</p> <p><i>No pain</i> <span style="float: right;"><i>Pain as bad as it could be</i></span></p>	
<p><b>For items 3 and 4, please circle the one number that best describes your current ability to participate in each of these activities</b></p>		
3	<p><b>I can do light work (or home duties) for an hour. Circle one.</b></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>Without any difficulty</i></span></p>	10 - X
4	<p><b>I can sleep at night. Circle one.</b></p> <p>0      10      20      30      40      50      60      70      80      90      100</p> <p><i>Not at all</i> <span style="float: right;"><i>Without any difficulty</i></span></p>	10 - X
5	<p><b>How tense or anxious you have felt in the past week? Circle one.</b></p> <p>0      1      2      3      4      5      6      7      8      9      10</p> <p><i>Absolutely calm and relaxed</i> <span style="float: right;"><i>As tense and anxious as I've ever felt</i></span></p>	
6	<p><b>How much have you been bothered by feeling depressed in the past week? Circle one.</b></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>	
7	<p><b>In your view, how large is the risk that your current pain may become persistent? Circle one.</b></p> <p>0      1      2      3      4      5      6      7      8      9      10</p> <p><i>Not risk</i> <span style="float: right;"><i>Very large risk</i></span></p> <p><small>(Tip: The higher the score, the more strongly you feel that your condition will <u>not</u> improve)</small></p>	
8	<p><b>In your estimation, what are the chances you'll be working your normal duties (at home or work) in 3 months? Circle one.</b></p> <p>0      1      2      3      4      5      6      7      8      9      10</p> <p><i>No chance</i> <span style="float: right;"><i>Very large chance</i></span></p>	10 - X
9	<p><b>An increase in pain is an indication that I should stop what I'm doing until the pain decreases. Circle one.</b></p> <p>0      1      2      3      4      5      6      7      8      9      10</p> <p><i>Completely disagree</i> <span style="float: right;"><i>Completely agree</i></span></p>	
10	<p><b>I should <u>not</u> do my normal work (at work or home duties) with my present pain. Circle (O) one.</b></p> <p>0      1      2      3      4      5      6      7      8      9      10</p> <p><i>Completely disagree</i> <span style="float: right;"><i>Completely agree</i></span></p> <p><small>(Tip: The higher the score, the more strongly you feel that you should <u>not</u> be as physically active in your current pain state)</small></p>	
<b>Total:</b>		<b>/100</b>