## Orebro Activity Screening Questionnaire

Name:	Gender:MaleFemale
Please read and answer each of the following injury may be affecting your daily activities, efficient one. This questionnaire will help individual situation.	and hope to make your outcome a safe, and
<ol> <li>How many days of work have you missed the past 18 months? Please check the month of the past 18 months? Please check the month of the past 18 months? Please check the month of the past 18 months? I have you missed the past 18 months? I have you mi</li></ol>	ost appropriate time span:   8-14 days(4)
2. Where do you experience pain? Please chNeckShouldersUpper backArm(s)Wrist/handAnkle/foot	Lower backLeg(s)
<ul> <li>3. How long have you been experiencing this appropriate time period:</li> <li>O-1 Weeks(1)1-2 Weeks(2)3-4 Wegeks(3)3-6 Months(7)6-9 Months(7)</li> </ul>	eeks(3)4-5 Weeks(4)6-8 Weeks(5)
4. Please rate the pain that you have experi appropriate number on scale:	enced within the last week. Circle most
	5 6 7 8 9 10
0 = No pain	10 = Pain as bad as it could be
5. On average, during the past three months	s how severe was vour nain?
	5 6 7 8 9 10
0 = No pain	10 = Pain as bad as it could be
6. On average, during the past three months	s how frequent were the enjendes of nain
that you experienced? Please circle most	
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0 = Never	10 = Always

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7. Are you able to deal or cope with your pain in any way, to decrease it? This would be

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