Fear-Avoidance Beliefs Questionnaire (FABQ) Waddell et al (1993) Pain, 52 (1993) 157 - 168

Here are some of the things which other patients have told us about their pain. For each statement please circle any number from 0 to 6 to say how much physical activities such as bending, lifting, walking or driving affect or would affect *your* back pain.

	Completely disagree			Unsure			Completely agree
1. My pain was caused by physical activity	0	1	2	3	4	5	6
2. Physical activity makes my pain worse	0	1	2	3	4	5	6
3. Physical activity might harm my back	0	1	2	3	4	5	6
4. I should not do physical activities which (might) make my pain worse	0	1	2	3	4	5	6
5. I cannot do physical activities which (might) make my pain worse	0	1	2	3	4	5	6

The following statements are about how your normal work affects or would affect your back pain

J	•	Completely disagree			Unsure	•		Completely agree	
6. My pain was caused by my work or by	y an accident at work	0	1	2	3	4	5	6	
7. My work aggravated my pain	••••••••••••	0	1	2	3	4	5	6	
8. I have a claim for compensation for m	ny pain	0	1	2	3	4	5	6	
9. My work is too heavy for me		0	1	2	3	4	5	6	
10. My work makes or would make my p			1	2	3	4	5	6	
11. My work might harm my back		0	1	2	3	4	5	6	
12. I should not do my normal work with	h my present pain	0	1	2	3	4	5	6	