

Fear-Avoidance Beliefs Questionnaire

Here are some of the things which other patients have told us about their pain. For each statement please choose 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.

Statements	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:							
Statements	Completely disagree			Unsure			Completely agree
6. My pain was caused by my work or by 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 my 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 pain worse.	0	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 my present pain.	0	1	2	3	4	5	6
13. I cannot do my normal work with my present pain.	0	1	2	3	4	5	6
14. I cannot do my normal work till my pain is treated.	0	1	2	3	4	5	6
15. I do not think that I will be back to my normal work within 3 months.	0	1	2	3	4	5	6
16. I do not think that I will ever be able to go back to that work.	0	1	2	3	4	5	6
Scoring	Scale 1: fear-avoidance beliefs about work – items 6, 7, 9, 10, 11, 12, 15			Scale 2: fear-avoidance beliefs about physical activity – items 2, 3, 4, 5			

Gordon Waddell, Mary Newton, Iain Henderson, Douglas Somerville and Chris J. Main, A Fear-Avoidance Beliefs Questionnaire (FABQ) and the role of fear-avoidance beliefs in chronic low back pain and disability, Pain, 52 (1993) 157 – 168, 166