Fear-Avoidance Beliefs Questionnaire

FABQ - IW-6

Patient's Name:_______________________________ Date: ____/____/________

Here are some of the things other patients have told us about their pain. For each statement please circle the number from 0 to 6 to indicate 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.

		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 by back.	0	1	2	3	4	5	6
12	I should not do my regular 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 until 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