



Name _____

Date _____

FABQ

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 pain.

	Completely disagree		Unsure			Completely agree	
1 My pain was caused by my work or by an accident at work	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 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 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 work	0	1	2	3	4	5	6