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

1. My pain was caused by physical activity

\_0. Completely Disagree \_1. \_2. \_3. Unsure \_4. \_5. \_6. Completely Agree

2. \*Physical activity makes my pain worse

\_0. Completely Disagree \_1. \_2. \_3. Unsure \_4. \_5. \_6. Completely Agree

3. \*Physical activity might harm my back

\_0. Completely Disagree \_1. \_2. \_3. Unsure \_4. \_5. \_6. Completely Agree

4. \*I should not do physical activities which (might) make my pain worse

\_0. Completely Disagree \_1. \_2. \_3. Unsure \_4. \_5. \_6. Completely Agree

5. \*I cannot do physical activities which (might) make my pain worse

\_0. Completely Disagree \_1. \_2. \_3. Unsure \_4. \_5. \_6. Completely Agree

Notes: Scoring

FABQ (PA) Score: \_\_\_\_\_\_\_

Sum responses to questions 2, 3, 4, and 5

FABQ(PA) score category: \_\_ Greater than 19 \_\_ less than 12

Some sources use score threshold of >15 to indicate high fear avoidance beliefs. Others use different categories.

Reference:

Waddell C, Newton M, Henderson I, et al. A Fear-Avoidance Beliefs Questionnaire (FABQ) and the role of fear-avoidance beliefs in chronic low back pain and disability. Pain. 1993; 52:157-168