

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Fear-Avoidance Beliefs Questionnaire

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.

<b>Physical Activities Scale</b>	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

Total \_\_\_\_\_  
(sum 2, 3, 4, & 5)

The following statements are about how your back would or would not affect your normal work.

<b>Work Activities Subscale</b>	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 that work	0	1	2	3	4	5	6

Total \_\_\_\_\_  
(sum 6, 7, 9, 10, 11, 12 & 15)

Patient Signature: \_\_\_\_\_

Scoring the Physical Activity subscale (FABQPA)  
Sum items 2, 3, 4, and 5 (the score circled by the patient for these items).  
Scoring the Work subscale (FABQW)  
Sum items 6, 7, 9, 10, 11, 12, and 15.

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