

FABQ Form

Patient Name: Last: _____ First: _____

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 pain.

	Completely Disagree		Unsure		Completely Agree		
My pain was caused by physical activity.	0	1	2	3	4	5	6
Physical activity makes my pain worse	0	1	2	3	4	5	6
Physical activity might harm me more	0	1	2	3	4	5	6
I should not do physical activities which (might) make my pain worse	0	1	2	3	4	5	6
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 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 aggravates 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 me more.	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 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

FABQPA (2,3,4,5): ____/24

FABQW (6,7,9,10,11,12,15): ____/42