Fear-Avoidance Beliefs Questionnaire

Here are some of the things which other patients have told us about their pain. For each statement please choose 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.

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 my back:

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 back pain:

My pain was caused by my work or by an accident at work:

0 1 2 3 4 5 6

My work aggravated my pain:

0 1 2 3 4 5 6

I have a claim for compensation for my pain:

0 1 2 3 4 5 6

My work is too heavy for me:

0 1 2 3 4 5 6

My work makes or would make my pain worse:

0 1 2 3 4 5 6

My work might harm my back:

0 1 2 3 4 5 6

I should not do my normal work with my present pain:

0 1 2 3 4 5 6

I cannot do my normal work with my present pain:

0 1 2 3 4 5 6

I cannot do my normal work till my pain is treated:

I do not think that I will be back to my normal work within 3 months:

I do not think that I will ever be able to go back to that work: