



Fear-Avoidance Beliefs Questionnaire (FABQ)

For each statement please select a value from 0 (Completely disagree) to 6 (Completely agree) to say 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 ☐ 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

6. My pain was caused by my work or by an accident at work

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6



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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



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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 till 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