

Fear-Avoidance Beliefs Questionnaire

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

| | Completely Disagree | Unsure | | | Completely Agree | | |
|---|------------------------|--------|---|---|---------------------|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 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 |

The following statements are about how your normal work affects or would affect your back pain.

| | Completely Disagree | Unsure | | | Completely Agree | | |
|--|------------------------|--------|---|---|---------------------|---|---|
| | 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 |
| 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 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 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 |