



**FABQ**  
(Adapted from Waddell, et al)

Name \_\_\_\_\_ Date \_\_\_\_\_ Patient ID# \_\_\_\_\_

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

<b>PHYSICAL ACTIVITIES</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 neck/back	0	1	2	3	4	5	6
4. I should not do physical activities which (might) make my neck/back worse	0	1	2	3	4	5	6
5. I cannot do physical activities which (might) make my neck/back worse	0	1	2	3	4	5	6

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

<b>WORK ACTIVITIES</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 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 my neck/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 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

Scoring by the physical therapist

Physical Activity Scale score: \_\_\_\_\_ Scored by summing the responses to numbers 2, 3, 4, and 5 (range = 0–24).

Work Scale score: \_\_\_\_\_ Scored by summing the responses to numbers 6, 7, 9, 10, 11, 12, and 15 (range = 0–42)