

Fear Avoidance Belief Questionnaire (FABQ)

For each statement please circle the number from 0 to 6 to indicate how much physical activity such as bending, lifting, walking or driving affect or would affect your pain.

	Completely Disagree	Unsure	Completely Agree
FABQ PHYSIQUE			
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	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
FABQ TRAVAIL			
<i>The following statements are about how your normal work affects or would affect your pain.</i>			
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	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

SCORING :

Scale 1: fear-avoidance beliefs about work (6 + 7 + 9 + 10 + 11 + 12 + 15, score from 0 to 42)

Salle 2 : fear-avoidance beliefs about physical activity (2 + 3 + 4 + 5, score from 0 to 24)

Patient last name:

Date of birth: / /

Patient first name:

Date: / /