

Name: _____

Date: ____ / ____ / ____
mm dd yy

Here are some of the things other patients have told us about their pain. For each statement please circle 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 |
|--|---------------------|---|---|--------|---|---|------------------|
| 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 |
|---|---------------------|---|---|--------|---|---|------------------|
| 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 |

FABQPA (2,3,4,5): ____/24 FABQW (6,7,9,10,11,12,15): ____/42

≤ 18 L-spine
< 12 C-spine