



The Hetrick Center

FAB Questionnaire

NAME _____ DATE _____ AGE _____

Here are some of the things that other patients have told us about their pain. For each statement, please circle a number from 0 to 6 to say how much physical activity, 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.

6. My pain was caused by 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 normal 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 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	

Waddell G, Newton M, Henderson I, Somerville D, Main CJ. FABQ and the role of FAB in chronic low back pain and disability. Pain. 1993 Feb; 52(2): 157-168.

For Doctor Use Only:

Scoring

Scale 1: FAB about work—items 6,7,9,10,11,12,15 or 16. Add responses, divide by

Scale 2: FAB about physical activity—items 2,3,4,5

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