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

1. My pain was caused by physical activity

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. Physical activity makes my pain worse

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. Physical activity might harm my back

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I should not do physical activities which (might) make my pain worse

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I cannot do physical activities which (might) make my pain worse

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

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

1. My pain was caused by my work or by an accident at work

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. My work aggravated my pain

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I have a claim for compensation for my pain

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. My work is too heavy for me

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. My work makes or would make my pain worse

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. My work might harm my back

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I should not do my normal work with my present pain

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I cannot do my normal work with my present pain

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I cannot do my normal work till my pain is treated

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I do not think that I will be back to my normal work within 3 months

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

1. I do not think that I will ever be able to go back to that work

\_\_ 0 Completely disagree

\_\_ 1

\_\_ 2

\_\_ 3 Unsure

\_\_ 4

\_\_ 5

\_\_ 6 Completely agree

Scoring scale 1 (fear-avoidance beliefs about work – items 6, 7, 9, 10, 11, 12, 15):

Scoring scale 2 (fear-avoidance beliefs about physical activity – items 2, 3, 4, 5):

Source: Waddell G, Newton M, Henderson I, Somerville D, Main CJ. A Fear-Avoidance Beliefs Questionnaire (FABQ) and the role of fear-avoidance beliefs in chronic low back pain and disability. Pain. 1993;52(2):157-68.