

Please describe how you have felt during the PAST WEEK by marking a check mark ( ) in the appropriate box. Please answer all questions. Do not think too long before answering

	Not at all	A little/ slightly	A great deal/ quite a lot	Extremely/ could not have been worse
Heart Rate Increasing				
Feeling hot all over*	0	1	2	3
Sweating all over*	0	1	2	3
Sweating in a particular part of the body				
Pulse in neck				
Pounding in head				
Dizziness*	0	1	2	3
Blurring of vision*	0	1	2	3
Feeling faint*	0	1	2	3
Everything appearing unreal				
Nausea*	0	1	2	3
Butterflies in stomach				
Pain or ache in stomach*	0	1	2	3
Stomach churning*	0	1	2	3
Desire to pass water				
Mouth becoming dry*	0	1	2	3
Difficulty swallowing				
Muscles in neck aching*	0	1	2	3
Legs feeling weak*	0	1	2	3
Muscles twitching or jumping*	0	1	2	3
Tense feeling across forehead*	0	1	2	3
Tense feeling in jaw muscles				

The questionnaire as given to patients does not include the scoring Only those items marked with an asterik (\*) are scored and added to give a total score

MSPQ: Main CJ J of Psychosomatic Research 1983, 27: 503-514. Main CJ et al. Pain 1984, 2: 10-15. Main CJ et al Spine 1992, 17: 42-52

## **Facts about the FABO**

It is based on Lethem et al's and Troup et al's work. Their work basically addressed how different people respond to the fear of pain. There are basically two groups: those that confront the pain and those that try to avoid pain. Their main focus was that the patient's beliefs serve as the driving force for the behavior.

Further, Sandstrom & Esbjomson's work found that one of the most important statements in patient's ability to return to work was the following statement: "I am afraid of starting work again, because I don't think I will be able to manage" (Sound familiar?) Changing this attitude is fundamental to success with the fear-avoiding patient.

Waddell et al used this work to develop the FABQ (Fear Avoidance Beliefs Questionnaire) to help clinician predict those that tend to be fear avoiders.

This survey can help predict those that have a high pain avoidance behavior. Clinically, these people may need to be supervised more than those that confront their pain are.

For more information: Waddell: The Back Pain Revolution pp. 191-195 and Waddell et al: A fear avoidance beliefs questionnaire (FABQ) and the role of fear avoidance beliefs in chronic low back pain and disability; Pain. 1993; 52: 157-68.

## **Scoring the FABO**

The FABQ consists of 2 subscales, which are reflected in the division of the outcome form into 2 separate sections. The first subscale (items 1-5) is the Physical Activity subscale (FABQPA), and the second subscale (items 6-16) is the Work subscale (FABQW). Although we are only interested in the FABQW subscale for the purposes of classifying patients, all items should be completed. Interestingly, not all items contribute to the score for each subscale; however the patient should still complete all items as these items were included when the reliability and validity of the scale was initially established. Also note that there is no total score where the each subscale score is added as each subscale exists as a separate entity. The method to score each subscale is outlined below. (Note: It is extremely important to ensure all items are completed as there is no procedure to adjust for incomplete items.)

Scoring the Physical Activity subscale (FABQPA)

1. Sum items 2, 3, 4, and 5 (the score circled by the patient for these items).
2. Record this total on the form.

Scoring the Work subscale (FABQW)

1. Sum items 6, 7, 9, 10, 11, 12, and 15.
2. Record this total on the form.

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.

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	Complete ly Disagree			Unsu re			Complete ly Agree
1. My pain was caused by physical activity.	0	2	3	4	5	6	
2. Physical activity makes my pain worse.	0	2	3	4	5	6	
3. Physical activity might harm my back.	0	2	3	4	5	6	
4. I should not do physical activities which (might) make my pain worse.	0	2	3	4	5	6	
5. I cannot do physical activities which (might) make my pain worse.	0	2	3	4	5	6	

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

	Completely Disagree			Unsu re			Complete ly 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		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		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

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16. I do not think that I will ever be able to go 0 2 3 4 5 6  
back to that work.

FABQPA (2,3,4,5): /24 FABQW (6,7,9,I0,11,12,15): \_ /42