FEAR AVOIDANCE BELIEFS QUESTIONNAIRE (FABQ)

Purpose: The FABQ was developed by Waddell to investigate fear-avoidance beliefs among LBP patients in the clinical setting.[3] 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.

Scoring: 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). 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. A low FABQW score (less than 19) was one of 5 variables in a clinical prediction rule that increased the probability of success from SI region manipulation in individuals with low back pain.[1] Each subscale is graded separately by summing the responses respective scale items (0 – 6 for each item); for scoring purposes, only 4 of the physical activity scale items are scored (24 possible points) and only 7 of the work items (42 possible points). 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)*
> Sum items 2, 3, 4, and 5 (the score circled by the patient for these items).

> *Scoring the Work subscale (FABQW)*
> Sum items 6, 7, 9, 10, 11, 12, and 15.

Measurement Characteristics: The FABQ has been demonstrated to be valid and reliable in a chronic LBP population[3] and appears to be a useful screening tool for identifying acute LBP patients who will not return to work by 4wks.[2]

References:
1. Flynn T, Fritz J, Whitman J, Wainner R, et al. Clinical Prediction Rule for Classifying Patients with Low Back Pain Likely to Respond to a Manipulation Technique. Spine (In Press) 2002.
2. Fritz JM, George SZ, Delitto A. The role of fear-avoidance beliefs in acute low back pain: relationships with current and future disability and work status. Pain 2001; 94:7-15.
3. 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; 52:157-168

Name: _____   Date: _____

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