



Fear Avoidance Questionnaire

Name: _____ Date: _____ Evaluation Date: _____

Please indicate how much physical activity such as bending, lifting, walking, or driving affects your pain:

- 0 = Completely Disagree
- 1 = Mostly Disagree
- 2 = Kind of Disagree
- 3 = Not Sure
- 4 = Kind of Agree
- 5 = Mostly Agree
- 6 = Completely Agree

- My pain was caused by a physical activity Answer: _____
- Physical Activity increases my pain _____
- Physical Activity may hurt my back _____
- I should not do physical activities which (might) make my pain worse. _____
- I cannot do physical activity which (might) make my pain worse. _____

The following statements are about how your normal work affects your pain:

- My pain was caused by my work or by an accident at work. Answer: _____
- My work aggravated my pain. _____
- I have a claim for compensation for my pain. _____
- My work is too heavy for me. _____
- My work makes or would make my pain worse. _____
- My work might harm my back. _____
- I should not do my normal work with my present pain. _____
- I cannot do my normal work with my present pain. _____
- I cannot do my normal work till my pain is treated. _____
- I do not think that I will be back to my normal work within 3 months. _____
- I do not think I will ever be able to go back to that work. _____

Score = _____

The higher the Score the greater the degree of fear and avoidance beliefs.

Highest score = 96