

Functional Activity Back Questionnaire (FABQ)

Name: _____

Date: _____

FABQ-PA Physical Activity:

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

FABQ-Work:

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

	Completely Disagree			Unsure			Completely Agree
6. My pain was caused by my work or 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 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 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 do my normal work.	0	1	2	3	4	5	6

SCORE: FABQ-PA _____ FABQ-Work _____

Patient Specific Functional and Pain Scales (PSFS)

Name: _____

Date: _____

Clinician Instructions: Have patient complete after the history and before the exam

Initial Assessment:

We want to know what 3 activities in your life you are unable to perform, or are having the most difficulty performing, as a result of your chief problem. Please list and score at least 3 activities that you are unable to perform, or are having the most difficulty performing, because of your chief problem

Follow Up Assessment:

When you were assessed on _____, you told us you had difficulty with the activities in the table below. Please score these activities that you told us previously you were unable to perform or were having difficulty performing because of your chief problem.

Scoring: Please score one number for each activity and for each date in the table below:

Unable to Perform Activity

0

1

2

3

4

5

6

7

8

9

10

Able to Perform Activity At Same Level As Before Injury/Problem

Activity	Date:	Date:	Date:	Date:	Date:
1.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
2.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
3.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
4.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
5.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
Totals:					