

**BACK FABQW**

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.

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

	Completely Disagree		Unsure			Completely Agree	
	0	1	2	3	4	5	6
1. My pain was caused by my work or by an accident at work.							
2. My work aggravated my pain.							
3. My work is too heavy for me.							
4. My work makes or would make my pain worse.							
5. My work might harm my back.							
6. I should not do my regular work with my present pain.							
7. I do not think that I will be back to my normal work within 3 months.							