Supplementary file 2: Feasibility outcomes.

SN	Objectives	Measures to assess specific objectives	Statistical analysis
1	Willingness to participate in a randomized controlled trial	Consecutive participants presenting at the center were invited to participate in the study. They were asked if they were willing to participate in the study. The reasons for refusal was recorded.	Total number of participants willing to participate in the study with percentage was recorded. The reasons for non-willingness were collated and reported.
2	Feasibility of blinding the assessor	Assessed by asking the assessor if she received any information regarding patients' group allocation. Further, the way how this information was received was recorded. Assessor's guess regarding group assignment was recorded for each participant, and each response was coded as "correct" or "incorrect" guess.	The frequency of "Yes" were counted and reported as percentage. Frequency of correct guesses were computed and compared between the groups. Finally, reasons for guesses were recorded and reported.
3	Eligibility and recruitment rates	The total number of participants invited, screened, found eligible, and recruited was recorded. The reasons for exclusion were recorded. Consent rates were also recorded.	Eligibility rate, recruitment rate, and consent rate were reported as percentages.
4	Acceptability of screening procedures	*Any difficulties or challenges in screening and recruiting the participants were recorded. Further, o*utcome assessor's recommendations for overcoming any challenges were recorded. Time taken to complete the questionnaires were also recorded.	The frequency of difficulties or challenges were counted, difficulties or challenges noted and reported with assessor's recommendations to overcome those challenges.
5	Acceptability of random allocation to a treatment group	Acceptability of random allocation to one of the two treatment groups is acceptable by the participants were recorded as "Acceptable", "Not acceptable", or "No preference".	The frequency and percentage of acceptability was recorded and reported.
6	Understanding possible contamination between the groups	Participants were asked if: 1.They talked to other participants in this study about the intervention they are receiving, and if the attitude towards the intervention was changed after talking to participant(s) in the other group, 2. The participants are aware of the intervention that participants in the other group are receiving, 3. The participants in the other group are aware of the intervention you are receiving.	The positive responses were computed for the first three questions for each group separately. Frequency of how many patients in control group had access to pain education materials was recorded and reported as percentage.

		Participants in the control group was asked if he or she read the pain education booklet or any videos related to PEG.	
7	Credibility and acceptability of the interventions	Five questions were asked to assess credibility of the interventions as described in the study protocol [1]. Response to each question was recorded on a Likert Scale where, 0= "*Not at all*", 1= "*A little bit*", 2= "*Somewhat*", 3= "*Quite a bit*", 4= "*Very much*." The total scores ranged between 0 and 20. Higher scores indicate greater credibility of the intervention.	Mean of the total scores on the credibility scale were computed separately for each treatment arm. Between group differences in creditability was evaluated using a *t*-test.
8	Adherence to the intervention	Adherence to home treatment was assessed during the post-treatment assessment by recording "Yes" or "No" response to "Did you follow home advices?"; and "how many days did you perform the home exercises?". The latter was recorded as the number of days. Any deviation from prescribed home treatment program were recorded.	The treatment adherence was recorded in the number of days and reported for both treatment arms separately. Deviation from the treatment protocol was reported.
9	Satisfaction of treatment	Patient Global Assessment of Treatment Satisfaction (PGATS) scale was used to assess treatment satisfaction. Responses were recorded on a 5-point categorical scale (0 = ''*Very dissatisfied*''; 1 = ''*Dissatisfied*''; 2 = ''*Neutral or no preference"*; 3 = ''*Satisfied*''; 4 = ''*Very satisfied*''). Total scores of treatment satisfaction ranges between 0 and 4, with higher scores indicating greater treatment satisfaction.	Mean scores for treatment satisfaction were computed for each treatment arm separately. Between-group difference was evaluated using a *t*-test.
10	Difficulty in understanding the information provided by the physiotherapist.	Difficulty in understanding the information provided by the physiotherapist were asked with responses recorded on a 5-point Likert Scale, where 1= "*Very easy*", 2= "*Easy*", 3= "*Neither easy nor difficult*", 4= "*Difficult*", 5= "*Very difficult*". Scores range between 1 and 5, with higher scores indicating more difficulty in understanding.	The differences in the difficulty in understanding the information provided was compared between the two groups.
11	Adverse events	Any adverse events after treatment were recorded as written verbatim.	The number of adverse events were computed for each treatment condition separately. The responses were collated.

References

1. Sharma, S., et al., *Pain education for patients with non-specific low back pain in Nepal: protocol of a feasibility randomised clinical trial (PEN-LBP Trial).* BMJ Open, 2018. **8**(8): p. e022423.