

Research Question	Experiences with pharmacological and non-pharmacological therapies in patients living with chronic pain conditions	Researcher/Interviewer	Dr Bethany Fitzmaurice
Interview Section	Questions/Content	Prompts	Aims
Ethics Statement	<p>Firstly, I would like to thank you for participating in this interview. Just a reminder that it will be audio-recorded but all information shared will be kept strictly confidential and anonymous. You are entitled to stop the interview and the recording at any point or terminate the interview altogether if you wish.</p> <p>You also have the right not to answer a question if you do not wish to. There are no right or wrong answers. I am interested in your own personal experiences, thoughts and perceptions, with the aim of today being to understand your experiences of living with a chronic pain condition, and specifically of the treatments you have tried. We will cover all aspects of your chronic pain during this interview so please try to answer the question asked at each point.</p> <p>Before we start do you have any further questions?</p>	<ul style="list-style-type: none"> <li>• <i>Can I confirm that you have read and understand the information sheet and signed the consent form?</i></li> <li>• <i>Are you comfortable?</i></li> </ul>	<ul style="list-style-type: none"> <li>• To ensure full understanding of what is expected of the participant during this interview.</li> <li>• Make sure the participant is comfortable and ready to begin.</li> </ul>
Introductory Questions	<ol style="list-style-type: none"> <li>1. Can you tell me a bit about yourself?</li> <li>2. Can you tell me a bit about your chronic pain condition?</li> <li>3. How did you feel when you received the diagnosis of your chronic pain condition?</li> </ol>	<ul style="list-style-type: none"> <li>• <i>Age, where you come from, studying, job, family/social support</i></li> <li>• <i>What symptoms do you get that you attribute to your condition? E.g. pain, stiffness, sleep disturbance, fatigue, mood and memory problems</i></li> <li>• <i>When did your chronic pain symptoms start? When was it first diagnosed and by who? What led up to this process?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Make participant relax and feel comfortable with talking and opening up.</li> <li>• Build rapport.</li> <li>• To gain an insight into the participant's background and their disease experience.</li> </ul>
Transition Questions	<ol style="list-style-type: none"> <li>4. How does having chronic pain affect your day-to-day life?</li> </ol>	<ul style="list-style-type: none"> <li>• <i>Are you able to participate in the hobbies that you enjoy?</i></li> <li>• <i>Are you able to socialise as normal?</i></li> <li>• <i>Does your pain condition affect your relationships with</i></li> </ul>	<ul style="list-style-type: none"> <li>• Start to guide the interview towards experiences of living</li> </ul>

## Guided Interview Topic Guide

Short title: Whole-Body Photobiomodulation and Chronic Pain Trial

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	5. What kind of things can you no longer do, or find more difficult to do due to your pain condition?	<p>people?</p> <ul style="list-style-type: none"> <li>How do you cope with everyday activities such as chores?</li> <li>What type of symptoms do you get on a particularly bad day or whilst having a 'flare'?</li> <li>What does a typical day look like for you and how does this compare to a day when you're having a flare? Do you have any coping strategies in place for these bad days – can you run me through these?</li> </ul>	with chronic pain.
Main Questions Pre-Intervention	<p><b>Pharmacological and injection therapy</b></p> <p>6. Do you take medications to help control the symptoms of your pain condition?</p> <p>7. Do these medications help and if so, which aspects of your condition do they help?</p> <p>8. Have you had injection therapy for your pain condition?</p>	<ul style="list-style-type: none"> <li>Have the dose and number of medications been increasing or decreasing over time?</li> <li>How often do you see a medical professional for your pain condition? And who is it you see – GP/Rheumatologist/Pain consultant/Private healthcare</li> <li>What has your experience been with your management to date? Namely, your experience of medications and injections?</li> <li>Did you get any side effects or need to stop your medications for any reason?</li> <li>If you had injection therapy, what was it and did it help? If it helped, what aspect of your condition was it that it helped?</li> </ul>	<ul style="list-style-type: none"> <li>To talk about the drug and interventional treatment that individual that the participant has received.</li> <li>To determine who is involved with managing their condition, and the extend of medications/injections</li> <li>To determine the experience of their management and treatments.</li> </ul>
	<p><b>Non-pharmacological therapies</b></p> <p>9. Moving onto non-drug and non-injections therapies: have you ever tried such therapies? Or heard of such therapies?</p> <p>10. Or have you heard of anyone else with chronic pain trying such therapies?</p> <p>11. What was yours or their experience of these?</p> <p>12. What was it that drew you towards trying these therapies?</p> <p>13. If you have not gone down this route – what was it</p>	<ul style="list-style-type: none"> <li>Which specific therapies have you heard of? (examples are massage, acupuncture, physiotherapy, hydrotherapy, yoga, tai chi, TENS)</li> <li>Did any healthcare professionals ever make you aware that alternative therapies may be available to help you manage your symptoms? Did they explain the rationale behind this management?</li> <li>If you have not tried such therapies was it because of time/money/lack of availability etc or because you were not aware of such therapies?</li> <li>If you tried these therapies and then stopped them, what was the reason for this? E.g. physiotherapy making pain and fatigue worse</li> <li>If you tried these therapies – how long ago, what was the dose/intensity/method of administration. Were you using any</li> </ul>	<ul style="list-style-type: none"> <li>To determine experience of non-drug and non-injection therapies.</li> <li>To determine what the barriers may be to accessing non-pharmacological therapies</li> </ul>

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	that has prevented you from doing so?	<i>of these treatments simultaneously?</i>	
	<p><b>About the trial and the device</b></p> <p>14. Had you heard of light therapy prior to being contacted about this study?</p> <p>15. What was it that motivated you towards taking part in this trial?</p> <p>16. What do you believe the effect of this intervention is going to be on your chronic pain symptoms?</p> <p>17. Were there any factors that made you reluctant to partake in the trial?</p>	<ul style="list-style-type: none"> <li>• <i>Light therapy can be with regards to light therapy in general, or specifically this device</i></li> <li>• <i>If yes, what have you heard and do you have any thoughts around the treatment, good or bad?</i></li> <li>• <i>Were there any barriers to accepting the offer of the trial?</i></li> <li>• <i>If there were barriers or doubts, what was it that made you overcome these so you could partake in the trial?</i></li> </ul>	<ul style="list-style-type: none"> <li>• To determine acceptability of device and trial in principle</li> <li>• To explore possible barriers to recruitment</li> </ul>
Main questions During intervention	<p><b>Intervention</b></p> <p>18. Now you have commenced your treatment schedule with the light therapy how are you feeling in terms of:</p> <ul style="list-style-type: none"> <li>• Your chronic pain symptoms</li> <li>• Any side effects to light therapy so far</li> <li>• How are you finding the experience of using the light therapy pod</li> <li>• How do you feel before you come to a repeat session</li> <li>• Has anything changed about your thoughts towards the light therapy now you have</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Experience of using the pod in terms of – user friendliness, comfort, too hot/too cold, claustrophobic feelings</i></li> <li>• <i>If claustrophobic feelings have arisen, do you feel in control of operating the device in terms of opening the lid wider yourself?</i></li> <li>• <i>How do you feel while you're in the treatment and shortly after the treatment?</i></li> <li>• <i>Feelings prior to session e.g. anxious, apprehensive, excited</i></li> </ul>	<ul style="list-style-type: none"> <li>• To guide if and how we could optimise the intervention and trial processes when moving on to our main trial</li> </ul>

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	<p>started the treatment?</p> <p><b>Trial design, conduct, process</b></p> <p>19. Is the trial so far what you expected it to be?</p> <p>20. How did you find experience of the initial measures taken at your first visit e.g. blood tests, questionnaires and examination</p> <p>21. How are you finding the travel and parking?</p>		
<p>Main questions Post-intervention</p>	<p><b>Chronic pain symptoms</b></p> <p>22. Now you have completed the treatment/trial – how would you describe your chronic pain symptoms? How are the symptoms now affecting your daily life?</p> <p>23. Are there any aspects of your life that have either improved or deteriorated following the light therapy treatment</p> <p>24. How would you describe your medication number/dosage now as compared with the start of the trial?</p>	<ul style="list-style-type: none"> <li>• <i>Are there any activities that you are now able to do/find easier to do?</i></li> <li>• <i>Which aspects of your condition has the therapy affected if any – e.g. pain, stiffness, fatigue, sleep, mood and memory.</i></li> <li>• <i>Medications – lower/static/higher</i></li> </ul>	<ul style="list-style-type: none"> <li>• To determine how participant is now affected by their condition after completing the course of treatment</li> </ul>

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	<p><b>About the trial and trial device</b></p> <p>25. If you were talking to another chronic pain patient who might be considering a future trial with the same device, how would you describe your experience?</p> <p>26. Cognition (memory/concentration problems etc) can be a significant problem in chronic pain, specifically in a condition known as fibromyalgia. How did you find the test using the Mobile App?</p> <p>27. Did you have any side effects to the treatment at any point?</p> <p>28. Is there any aspect of the trial you think could be improved upon?</p> <p>29. Placebo treatment with this device would involve lying in the light therapy bed for the same number of treatments but receive an inactive or “lookalike” therapy. This would help us determine whether this therapy is truly effective. How would you feel about taking part in a similar trial in future if you knew there was a half/half (50%) chance of being in the placebo group, which would be decided at random?</p> <p>30. We’re now coming to the end of the interview – how do you feel? In terms of fatigue etc. In a future</p>	<ul style="list-style-type: none"> <li>• <i>Aiming to describe all aspects of trial experience including, acceptability and user friendliness of questionnaires, examination, blood tests, travel, parking, experience of device</i></li> <li>• <i>If there have been side effects, determine nature</i></li> <li>• <i>Does participant feel objective assessment of cognition warrants further exploration in a future trial?</i></li> </ul>	<ul style="list-style-type: none"> <li>• To determine acceptability of both device and trial processes</li> <li>• To determine acceptability of this interview technique in the fibromyalgia patient and whether this could be expanded upon in future trials.</li> </ul>
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	trial, how would you feel about taking these questions further and exploring some themes in more detail?		
Conclusion	<p>That's all the questions, is there anything else you would like to add about your experiences of your chronic pain or of the trial?</p> <p>The interview has now finished. Thank you for participating in this study, I really appreciate your time and input.</p>		<ul style="list-style-type: none"><li>• Ensure the participant is comfortable with what has been discussed.</li></ul>

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