

Participant Number: Click or tap here to enter text.  
here to enter text.

Date: Click or tap

## Individual beliefs on the biopsychosocial factors that contribute to chronic musculoskeletal pain. A qualitative study.

### Eligibility Screening Questionnaire

#### INCLUSION CRITERIA

**1) Is the person above age 18:** Yes  No

#### **2) Musculoskeletal Condition**

Brief description of musculoskeletal condition in participants own words:

Click or tap here to enter text.

Details of any diagnosis provided by medical professionals in participants own words:

Click or tap here to enter text.

**3) Duration of musculoskeletal complaint:** Click or tap here to enter text.

**4) Does the person fulfil the inclusion criteria?** Yes  No

If no, for what reason? Click or tap here to enter text.

*\*If yes, proceed to check against the exclusion criteria.*

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## EXCLUSION CRITERIA

### 1) Can the person communicate verbally and fluently in English?

Yes  No

*\*If answered no, the person is excluded from participation.*

### 2) High risk or evidence of poor tissue healing

Has a medical professional (Yes/No): Yes No

- Confirmed non-union of a fracture in your adult life:
- Diagnosed you with an autoimmune disorder:
- Diagnosed you with diabetic neuropathy:
- Diagnosed you with any disorder which may affect your body's ability to heal:

*\*If answered yes to any of the above, the person is excluded from participation.*

### 3) Injuries where tissue healing may not be complete at three months

Is your musculoskeletal pain a result of (Yes/No): Yes No

- Major trauma:
- Fractured bones:
- Completely ruptured ligament:
- Completely ruptured tendon:
- Completely ruptured muscle:
- Any condition where healing would take longer than three months:

*\*If answered yes to any of the above, the person is excluded from participation.*

### 4) High risk of non-musculoskeletal related pain

Has a medical professional ever reported that your pain is caused by (Yes/No): Yes No

- Cancer:
- Blood vessels (veins/arteries):
- Any internal organs:
- Infection:
- Skin conditions/burns:

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- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| • Sickle cell disease:           | <input type="checkbox"/> | <input type="checkbox"/> |
|                                  | Yes                      | No                       |
| • Lupus:                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any non-musculoskeletal cause: | <input type="checkbox"/> | <input type="checkbox"/> |

*\*If answered yes to any of the above, the person is excluded from participation.*

## 5) Potential systemic or inflammatory causes of pain

### 5a) Back Pain

Do you have back pain: Yes  No

*\*If yes, complete the next question. If no, move to question 5b.*

Assessment of Spondyloarthritis (ASAS) International Society criteria for inflammatory back pain (Ozgoemen et al, 2010).

Do you have four out of five of the following (Yes/No): Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Insidious onset to your back pain:            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pain at night with improvement on getting up: | <input type="checkbox"/> | <input type="checkbox"/> |
| • Age of onset <40 years:                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Improvement in symptoms with exercise:        | <input type="checkbox"/> | <input type="checkbox"/> |
| • No improvement in symptoms with rest:         | <input type="checkbox"/> | <input type="checkbox"/> |

*\*If answered yes to four or more of the above, the person is excluded from participation.*

**5b)** Do you have pain anywhere other than your back? Yes  No

*\*If yes, complete the next question. If no, move onto question 6.*

Assessment in spondyloarthritis international society classification criteria for peripheral spondyloarthritis or spondyloarthritis in general (Rudwaleit et al, 2009).

1) Do you have a diagnosis of any of the following (Yes/No): Yes No

- |               |                          |                          |
|---------------|--------------------------|--------------------------|
| • Arthritis:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enthesitis: | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dactylitis: | <input type="checkbox"/> | <input type="checkbox"/> |

*\*If answered no to all the above proceed to question 6. If answered yes to any of the above, complete the next question.*

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- 2) Do you have one or more of the following (Yes/No):
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Psoriasis:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Inflammatory bowel disease:   | <input type="checkbox"/> | <input type="checkbox"/> |
| • An infection related to your MSK pain:                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • A blood test result which shows you have Human Leukocyte Antigen (HLA)-B27: | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uveitis:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sacroiliitis on imaging:  | <input type="checkbox"/> | <input type="checkbox"/> |

*\*If answers no to all the above, proceed to question 6. If answer yes to any of the above, complete the next question.*

- 3) Do you have two or more of the following (Yes/No):
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Arthritis:   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enthesitis:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dactylitis:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Low back pain in the past  | <input type="checkbox"/> | <input type="checkbox"/> |
| • A family history of rheumatoid arthritis, ankylosing spondylitis, sacroiliitis or psoriatic arthritis: | <input type="checkbox"/> | <input type="checkbox"/> |

*\*If answers yes to questions 1, 2 and 3, the person is excluded from participation.*

**6) Based on this exclusion criteria, is the person eligible to participate in this study?** Yes  No

If no, for what reason: Click or tap here to enter text.

If yes, continue to complete background questionnaire.

### References

Ozgoemen, S. Agkul, O. and Khan, MA. (2010). Mnemonic for assessment of the spondyloarthritis international society criteria. *J Rheumatol.* 37: 1978.

Rudwaleit M, van der Heijde D, Landewe R, et al. (2009). The development of Assessment of Spondyloarthritis International Society Classification criteria for axial spondyloarthritis (part II): validation and final selection. *Ann Rheum Dis.* 68: 777-783.

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## DEMOGRAPHICS

### Which category includes your age?

- 18-25  25-29  30-39  40-49  50-59   
60-69  70-79  80-89  90-99

### What sex were you assigned at birth?

Male  Female  Other  Please provide details

### Is this the same as your current gender?

Yes  No

If no, what is your current gender? Click or tap here to enter text.

### Which of the below best describes your ethnic background?

White:

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Any other white background Click or tap here to enter text.

Mixed or multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background   
Click or tap here to enter text.

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background Click or tap here to enter text.

Black, African, Caribbean or Black British

- African

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- Caribbean
- Any other Black, African or Caribbean background   
Click or tap here to enter text.

#### Other ethnic group

- Arab
- Any other ethnic group  Click or tap here to enter text.

#### What is the highest level of level of education you have completed?

- Less than secondary school education
- Secondary school education (GCSE, O-Level etc)
- College, sixth form or equivalent
- Bachelors degree or equivalent
- Masters degree or equivalent
- Doctoral qualification
- Post-Doctoral qualification

#### Which of the following categories best describes your employment status?

- Employed, working 1-10 hours per week
- Employed, working 11-20 hours per week
- Employed, working 21-30 hours per week
- Employed, working 30-40 hours per week
- Employed, working 40+ hours per week
- Full time carer for children or dependents
- Part time carer for children or dependents
- In full time education
- In part time education
- Retired
- Not able to work

#### What is your most recent combined household income per annum?

- |  |   |  |
|--|---|--|
| £0-£20,000 <input type="checkbox"/>        | £20,000-£40,000 <input type="checkbox"/>  | £40,000-£60,000 <input type="checkbox"/>   |
| £60,000-£80,000 <input type="checkbox"/>   | £80,000-£100,000 <input type="checkbox"/> | £100,000-£150,000 <input type="checkbox"/> |
| £150,000-£200,000 <input type="checkbox"/> | £200,000+ <input type="checkbox"/>        |  |

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