

Appendix 1: ePPOC assessment tools

The assessment tools used in ePPOC are:

- Brief Pain Inventory (BPI)
- Depression, Anxiety, Stress Scale (DASS)
- Pain Catastrophising Scale (PCS)
- Pain Self-Efficacy Questionnaire (PSEQ).

Each of these assessment tools are briefly described below.

Brief Pain Inventory

The BPI items used in the ePPOC dataset measure the severity of pain and the degree to which the pain interferes with common activities of daily living. Pain severity questions are rated on a scale of 0 to 10, where 0 = 'No pain' and 10 = 'Pain as bad as you can imagine', with patients asked to rate their average, worst and least pain over the last week, and their pain right now.

Severity bands for these items are:

- 0-4 = mild pain
- 5-6 = moderate pain
- 7-10 = severe pain

The IMMPACT group's recommendations for assessing clinical significance for 0-10 numeric pain scales are that a change of:

- ≥ 10% represents minimally important change
- ≥ 30% represents moderate clinically important change
- ≥ 50% represents substantial clinically important change

The interference questions are rated on a scale of 0 to 10, where 0 = 'Does not interfere' and 10 = 'Completely interferes'. The interference subscale is an average of the seven interference questions. At least 4 of 7 questions must be completed for this subscale to be valid. The IMMPACT recommendation for assessment of clinically significant change on the BPI interference scale is a change of 1 point over the average of the 7 items.

Depression Anxiety Stress Scales

The DASS measures the negative emotional states of depression, anxiety and stress. Due to the large number of questions in the full DASS (42 questions), the DASS21 is administered. This comprises 21 questions which are rated on a scale of 0 to 3, where 0 = 'did not apply to me at all', 1 = 'applied to me to some degree, or some of the time', 2 = 'applied to me to a considerable degree, or a good part of the time', or 3 = 'applied to me very much, or most of the time'. Scores are multiplied by 2 to enable comparison with the full-scale DASS42 for which norms exist.

For each subscale (Depression, Anxiety and Stress), the 7 items are summed and then multiplied by 2. The test developers suggest that at least 6 of 7 items should be complete for each subscale to be considered valid. The following table shows the range of scores associated with severity categories for each subscale.

DASS severity rating:

Severity bands for depression are:

- 0-9=normal
- 10-13=mild
- 14-20=moderate
- 21-27=severe
- 28 and above=extremely severe

Severity bands for anxiety are:

- 0-7=normal
- 8-9=mild
- 10-14= moderate
- 15-19= severe
- 20 and above=extremely severe

Severity bands for stress are:

- 0-14=normal
- 15-18=mild
- 19-25= moderate
- 26-33 = severe
- 34 and above=extremely severe

Clinical significance on each of the DASS subscales requires a change of 5 or more points coupled with a move to a different severity category.

Pain Catastrophising Scale

The PCS measures a patient's thoughts and feelings related to their pain. This includes three subscales measuring the dimensions of Rumination, Magnification and Helplessness. The PCS comprises 13 questions (Rumination – 4 items, Magnification – 3 items, Helplessness – 6 items) which are rated on a scale of 0 to 4, where 0 = 'not at all', 1 = 'to a slight degree', 2 = 'to a moderate degree', 3 = 'to a great degree' and 4 = 'all the time'. For each subscale, all items must be completed to be valid. For the total to be valid, at least 12 of 13 items must be completed.

Severity bands for the PCS are:

- <20 = mild
- 20 to 30 = high

- >30 = severe

Clinically significant change requires a change in score of 6 or more points, combined with movement to a different severity category.

Pain Self-Efficacy Questionnaire

The PSEQ measures how confident a patient is that he or she can do a range of activities despite their pain. The PSEQ Total is a sum of scores from 10 questions which are rated on a scale from 0 = 'Not confident at all' to 6 = 'Completely confident'. At least 9 of 10 items must be complete for the PSEQ Total to be valid. Increases in score represent an improvement in self-efficacy.

Severity bands for the PSEQ are:

- <20 = severe
- 20 to 30 = moderate
- 31 to 40 = mild
- >40 = minimal impairment

Clinically significant change requires a change in score of 7 or more points, combined with movement to a different severity category.

HIPS clinicians:

My name:

Assessment findings	What I will do
Biomedical 1a <ul style="list-style-type: none"><input type="checkbox"/> Nervous system sensitivity<input type="checkbox"/> Concern that something dangerous has been missed<input type="checkbox"/> Medication problems<input type="checkbox"/> Worry about weaning medications	1b <ul style="list-style-type: none"><input type="checkbox"/> Use a broad approach to wind down my nervous system<input type="checkbox"/> Discuss my concerns with health professional<input type="checkbox"/> Start a medication weaning plan<input type="checkbox"/> Get support during weaning process (eg. health professional/family/friend/pain service)
Mindbody 2a <ul style="list-style-type: none"><input type="checkbox"/> Stress<input type="checkbox"/> Changes to pain experience or health following life events<input type="checkbox"/> Depression or anxiety<input type="checkbox"/> Anger or irritability<input type="checkbox"/> Less helpful thinking<input type="checkbox"/> Personality style<input type="checkbox"/> Poor sleep <p>Less helpful substances:</p> <ul style="list-style-type: none"><input type="checkbox"/> Caffeine<input type="checkbox"/> Smoking<input type="checkbox"/> Marijuana<input type="checkbox"/> Alcohol	2b <ul style="list-style-type: none"><input type="checkbox"/> Regular relaxation or mindfulness<input type="checkbox"/> Complete your timeline<input type="checkbox"/> Internet treatment program for anxiety or depression<input type="checkbox"/> Get support from a psychologist<input type="checkbox"/> Try doing _____ differently<input type="checkbox"/> Use better sleep habits eg. _____<input type="checkbox"/> Have less caffeine<input type="checkbox"/> Quit smoking (support from Quitline: 137 848 or GP)<input type="checkbox"/> Limit alcohol to 2 standard drinks per day or less<input type="checkbox"/> 24 hr Alcohol & Drug information service: 1800 422 599

Connection 3a <ul style="list-style-type: none"> <input type="checkbox"/> Relationship issues <input type="checkbox"/> Social isolation & not belonging <input type="checkbox"/> Intimacy problems <input type="checkbox"/> Contributing less (work/life) <input type="checkbox"/> Less linked to country/culture 	3b <ul style="list-style-type: none"> <input type="checkbox"/> Talk about these issues with _____ <input type="checkbox"/> Start social activity e.g community group <input type="checkbox"/> Get support from a relationship counsellor <input type="checkbox"/> Gradually increase contribution to work or life roles <input type="checkbox"/> Reconnect to _____
Assessment findings	What I will do
Activity 4a <ul style="list-style-type: none"> <input type="checkbox"/> Relying on passive aids/devices <input type="checkbox"/> Lying down for _____ hrs a day <input type="checkbox"/> Not doing 150-300 min of moderate physical activity every week <input type="checkbox"/> Avoiding activity <input type="checkbox"/> 5 sit to stands in _____ sec <input type="checkbox"/> Safely lift _____ kg to eye level <input type="checkbox"/> Activity score _____/30 	4b <ul style="list-style-type: none"> <input type="checkbox"/> Start weaning off _____ <input type="checkbox"/> Wean off lying down <input type="checkbox"/> Start a planned daily walk at a safe level <input type="checkbox"/> Gradually restart _____ at a safe level <input type="checkbox"/> Start a strength program for _____ <p>Get support:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A community program e.g. hydrotherapy, Heartmoves <input type="checkbox"/> Ask GP for a referral to a physio/exercise physiologist
Nutrition 5a <ul style="list-style-type: none"> <input type="checkbox"/> Waist _____ cm <input type="checkbox"/> Body weight _____ kg Height _____ cm <input type="checkbox"/> Not eating at least 5 serves of vegetables daily <input type="checkbox"/> Not eating 2 serves of fruit daily <input type="checkbox"/> Too much sugar <input type="checkbox"/> Unhealthy snacks 	5b <ul style="list-style-type: none"> <input type="checkbox"/> Achieve and keep a healthy weight of _____ kg <input type="checkbox"/> Eat less & move more <input type="checkbox"/> Limit fatty, salty and sugary foods, drinks & snacks <input type="checkbox"/> Enjoy a wide variety of nutritious foods including lots of vegetables <input type="checkbox"/> Swap sugary drink for water <p>Get support:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get Healthy information line 1300 806258 <input type="checkbox"/> Ask GP for a referral to a dietitian

Form strong foundations 6a <i>Highlight the behaviour changes that you are ready to start now</i>	What will I do to make new habits stick 6b <input type="checkbox"/> Link the new habit with an existing habit <input type="checkbox"/> Get a habit buddy
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This completes your pain assessment. If higher risk medication is identified, a HIPS nurse will contact you. The next step is to work on your recovery plan at home. HIPS will send a copy of this plan to your GP for discussion at your next appointment.

Would you like further support from HIPS? (please circle yes or no)

- | | | |
|----|---|-----------------|
| 1. | Phone call from HIPS staff to discuss my progress | Yes / No |
| 2. | Active Pain Treatment
(includes weaning pain related medication) | Yes / No |

Pain Recovery Plan

Date:

HIPS clinicians:

My name:

Assessment findings	What I will do
Biomedical 1a <ul style="list-style-type: none"> <input type="checkbox"/> Nervous system sensitivity <input type="checkbox"/> Concern that something dangerous has been missed <input type="checkbox"/> Medication problems <input type="checkbox"/> Worry about weaning medications 	1b <ul style="list-style-type: none"> <input type="checkbox"/> Use a broad approach to wind down my nervous system <input type="checkbox"/> Discuss my concerns with health professional <input type="checkbox"/> Start a medication weaning plan <input type="checkbox"/> Get support during weaning process (eg. health professional/family/friend/pain service)
Mindbody 2a <ul style="list-style-type: none"> <input type="checkbox"/> Stress <input type="checkbox"/> Changes to pain experience or health following life events <input type="checkbox"/> Depression or anxiety <input type="checkbox"/> Anger or irritability <input type="checkbox"/> Less helpful thinking <input type="checkbox"/> Personality style <input type="checkbox"/> Poor sleep <p>Less helpful substances:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caffeine <input type="checkbox"/> Smoking <input type="checkbox"/> Marijuana <input type="checkbox"/> Alcohol 	2b <ul style="list-style-type: none"> <input type="checkbox"/> Regular relaxation or mindfulness <input type="checkbox"/> Complete your timeline <input type="checkbox"/> Internet treatment program for anxiety or depression <input type="checkbox"/> Get support from a psychologist <input type="checkbox"/> Try doing _____ differently <input type="checkbox"/> Use better sleep habits eg. _____ <input type="checkbox"/> Have less caffeine <input type="checkbox"/> Quit smoking (support from Quitline: 137 848 or GP) <input type="checkbox"/> Limit alcohol to 2 standard drinks per day or less <input type="checkbox"/> 24 hr Alcohol & Drug information service: 1800 422 599
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| 2. <i>Active Pain Treatment (includes weaning pain related medication)</i> | Yes / No |