A. Clinician Measures

1. Demographic Data

Sex

- o Female
- o Male
- o Diverse

Age (in years): _____

Mother tongue

Please check all that apply

- o Bengali
- o English
- o Hindi
- o Spanish
- o Telugu
- o Other, please specify: _____

Level of English proficiency

On a scale of 0 to 10, how would you rate your level of English proficiency? Please circle the number that best describes your English proficiency.

0	1	2	3	4	5	6	7	8	9	10

Poor   Fluent

2. Professional Experience

Profession

- o Physician
- o Psychologist
- o Other: _____

Country of medical or psychological education

- o Australia
- o Canada
- o Cuba
- o England
- o India
- o New Zealand
- o United States of America
- o Other, please specify: _____

Area of specialty

- o Anesthesiology
- o Cognitive-behavior therapy
- o General practice / family practice
- o Internal medicine
- o Neurology
- o Neurosurgery
- o Orthopedics
- o Pain medicine
- o Psychiatry
- o Psychology (other than CBT)
- o Rehabilitation
- o Surgery
- o Other, please specify: _____

Years of practicing: _____

Years of experience with chronic pain patients: _____

During medical school, how much did you learn about chronic pain?
Hours of chronic pain education during medical school (total): _____

Have you participated in a chronic pain specialist training?
(Other than in the present study, e.g., a specialist fellowship)

- o Yes
- o No

Experience with chronic pain patients:

On a scale of 0 to 10, please rate your experience with chronic pain patients.

0	1	2	3	4	5	6	7	8	9	10

No
experience

Extensive
experience

Number of patients with chronic pain treated in a typical week: _____
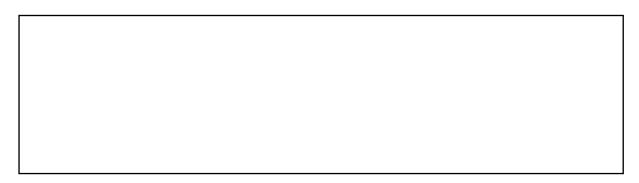
Do you use ICD-10?

- o Yes
- o No

    If yes, years of experience with ICD-10: _____

If yes: On a scale of 0 (no experience) to 10 (extensive experience), please rate your experience using the ICD-10 to code chronic pain patients.

0	1	2	3	4	5	6	7	8	9	10

No experience   Extensive experience

If no: Please briefly describe the system you use to assign or code chronic pain diagnoses:

3. Evaluation of the Training

1. On a scale of 0 to 10, please indicate how well you feel prepared to participate as a rater in the ICD-11 pain coding study.

0	1	2	3	4	5	6	7	8	9	10

Not at all   Perfectly

2. On a scale of 0 to 10, how confident are you with the new ICD-11 chronic pain diagnoses?

0	1	2	3	4	5	6	7	8	9	10

Not at all   Extremely

3. All my questions were answered during the training.
   o Yes
   o No

4. Baseline Evaluation: Utility of the ICD-11 Classification of Chronic Pain (Before first use)

1. On a scale of 0 to 10, how useful do you find the ICD-11 classification of chronic pain overall?

0	1	2	3	4	5	6	7	8	9	10
Not useful at all										Very useful

2. Please rate how useful you find the new classification of chronic pain, regarding the following:

	Not at all									Very Useful
The communication of chronic pain conditions to colleagues	0	1	2	3	4	5	6	7	8	9	10
The communication of chronic pain conditions to patients	0	1	2	3	4	5	6	7	8	9	10
Patient management	0	1	2	3	4	5	6	7	8	9	10
Data collection (e.g., for statistical purposes)	0	1	2	3	4	5	6	7	8	9	10
Documentation	0	1	2	3	4	5	6	7	8	9	10
Treatment selection	0	1	2	3	4	5	6	7	8	9	10
Improvement of outcome	0	1	2	3	4	5	6	7	8	9	10
Prognosis	0	1	2	3	4	5	6	7	8	9	10

3. On a scale of 0 to 10, how useful do you find your current classification system of chronic pain?

0	1	2	3	4	5	6	7	8	9	10
Not useful at all										Very useful

B. Patient Measures

Note: Translations in Spanish, Hindi, Bengali, and Telugu can be obtained from the authors upon request.

1. Demographic Data

Sex

- o Female
- o Male
- o Diverse

Age in years: _____

Mother tongue

- o Bengali
- o English
- o Hindi
- o Spanish
- o Telugu
- o Other, please specify: _____

Education

- o No school leaving certificate
- o School leaving certificate
- o University degree
- o Currently in school

Employment

What is your current employment status?

- o Full-time employment
- o Part-time employment
- o Unemployed
- o Not able to work due to pain
- o Retired
- o Homemaker

Does your chronic pain have an impact on your employment status?

- o Yes
- o No

2. Pain History

The following questions will help us to gain a basic understanding of your chronic pain and your pain history. For each category, please circle the number on the scale that best describes your chronic pain.

Pain intensity

On a scale of 0 (no pain) to 10 (worst pain imaginable), how strong or intense was your chronic pain last week on average? Please circle the number that best describes your average pain intensity over the course of last week.

0	1	2	3	4	5	6	7	8	9	10

No
pain   Worst pain
                                                                               imaginable

Temporal course of the pain

How would you describe your chronic pain over the course of last week?

- o Persistent (always there)
- o Recurring with pain-free intervals (sometimes there, sometimes not)
- o Persistent with overlapping pain attacks (always there with additional attacks)

Pain-related interference

Some people with chronic pain find that their pain interferes with their daily activities. For example, it gets in the way of work, exercise, or sleep. On a scale of 0 (no interference) to 10 (total interference in all aspects of life), please circle the number that best describes the degree of pain-related interference over the course of last week.

0	1	2	3	4	5	6	7	8	9	10

No
interference   Unable to
                                                                               to carry on
                                                                               activities

Pain-related distress

Some people with chronic pain report distress in relation to their pain (e.g., low self-esteem, hopelessness, worries, or anger). On a scale of 0 (no pain-related distress) to 10 (extreme pain-related distress), please circle the number that best describes your degree of pain-related distress over the course of last week.

0	1	2	3	4	5	6	7	8	9	10

 No pain-related
distress   Extreme
                                                                               pain-related
                                                                               distress

Age of pain onset

How old were you when your chronic pain first began?

_____

C. Code Assignment and Evaluation Form (CAEF)

1. Code Assignment

1. Please state all diagnostic codes or diagnostic terms that you would assign normally to this patient (ICD-10 codes if applicable). Only list chronic pain diagnoses and diagnoses for an underlying etiology, if applicable.
   For example: R52.2 Other chronic pain

   (1) _____

   (2) _____

   (3) _____

   (4) _____

   (5) _____

2. Please state all ICD-11 chronic pain diagnoses that apply to this patient. In the case of chronic secondary pain, please also list the name of the underlying disease behind the pain diagnosis.
   For example: MG30.30-C Chronic secondary musculoskeletal pain from persistent inflammation + Rheumatoid arthritis

   (1) _____

   (2) _____

   (3) _____

   (4) _____

   (5) _____

3. If "other specified" – please specify here by listing the specific diagnoses:

   (1) _____

   (2) _____

   (3) _____

4. If "unspecified" – please indicate the reason why no diagnosis could be assigned

   o   Necessary test to confirm an underlying disease could not be performed

   o   Necessary test to exclude an underlying disease could not be performed

   o   Unsure which category applies

   o   Missing information (other than test results)

   o   Other:

   _____

5. How long did you need for the diagnostic algorithm (in minutes)?

   _____

6. How long did it take you to assign the ICD-11 diagnoses after the diagnostic assessment (in minutes)?

   _____

7. Was a diagnostic test required for this patient to confirm or to exclude an underlying disease (e.g., blood sampling, X-rays)?
   o   Yes

   o   No

If a diagnostic test was required:

7.a Did you perform the required diagnostic test?

       o Yes

       o No

7.b **If you performed the diagnostic test,** did you interrupt the diagnostic assessment for it and continued it later, i.e., when the test results were available?

       o Yes

       o No

7.c Would you have performed the same test during a routine diagnostic assessment of this patient?

       o Yes

       o No

7.d **If you did not perform the diagnostic test,** what was the reason?

       o   The required test was not available

       o   The required test result was available in the patient's medical records

       o   No reimbursement for the required test

       o   Lack of time

       o   Other reason, please specify:

       _____

       _____

2. Pain Specifiers

I have checked and documented the chronic pain specifiers during the diagnostic assessment on the diagnostic algorithm introduction form.

         o Yes

         o No

Please remember to file the diagnostic algorithm introduction form together with this form.

Presence of psychosocial factors

Are psychosocial factors (e.g., fear of pain, pain catastrophizing, social withdrawal, avoidance) present that influence this patient's chronic pain?

Yes ☐   No ☐   Unsure ☐

If yes: Please specify briefly, which psychosocial factors are present:

_____

_____

_____

3. Evaluation

1. On a scale of 0 to 10, how easy was it for you to use the ICD-11 chronic pain classification for this patient?

0	1	2	3	4	5	6	7	8	9	10

Very
difficult   Very
                                                                       easy

2. On a scale of 0 to 10, how confident were you regarding the code assignment for this patient with the ICD-11 classification?

0	1	2	3	4	5	6	7	8	9	10

Not
confident   Very
at all   confident

3. On a scale of 0 to 10, how useful do you find your current classification system of chronic pain for this patient?

0	1	2	3	4	5	6	7	8	9	10

Not
useful   Very
at all   useful

4. On a scale of 0 to 10, how useful do you find the ICD-11 classification of chronic pain overall for this patient?

0	1	2	3	4	5	6	7	8	9	10

Not
useful   Very
at all   useful

5. Please rate how useful you find the ICD-11 classification of chronic pain for this specific patient and his or her chronic pain conditions, regarding the following:

	Not at all										Very useful
The communication of this patient's chronic pain conditions to colleagues	0	1	2	3	4	5	6	7	8	9	10
The communication of his or her chronic pain conditions to this patient	0	1	2	3	4	5	6	7	8	9	10
Patient management	0	1	2	3	4	5	6	7	8	9	10

	Not at all										Very useful
Data collection (e.g., for statistical purposes)	0	1	2	3	4	5	6	7	8	9	10
Documentation	0	1	2	3	4	5	6	7	8	9	10
Treatment selection for this patient	0	1	2	3	4	5	6	7	8	9	10
Improvement of outcome for this patient	0	1	2	3	4	5	6	7	8	9	10
Making a prognosis for this patient	0	1	2	3	4	5	6	7	8	9	10

Classification Algorithm for Chronic Pain

We are interested in your experiences with the diagnostic algorithm. Please answer these last questions to let us know what you think about it.

6. On a scale of 0 to 10, how easy was it for you to use the diagnostic algorithm for this patient?

0	1	2	3	4	5	6	7	8	9	10
Very difficult										Very easy

7. On a scale of 0 to 10, how confident were you regarding the diagnostic algorithm for this patient?

0	1	2	3	4	5	6	7	8	9	10
Not confident at all										Very confident

8. On a scale of 0 to 10, how useful did you find the diagnostic algorithm to diagnose this patient's chronic pain?

0	1	2	3	4	5	6	7	8	9	10
Not useful at all										Very useful