Psychosocial Assessment as a Key Component in an Integrated, Personalized Care Pathway: A Protocol for a Low Back Pain Randomized Controlled Trial

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Supplementary Material: Questionnaire on chronic low back pain and quality of life (Low back pain and QoL) and Questionnaire on attribution of causes of chronic pain

Chronic Pain Cause Attribution Questionnaire.

The Chronic Pain Attribution Questionnaire was designed because it is known that causal attributions related to the

disease influence health behaviors, the ability to change lifestyle and adherence to medical recommendations.
Patients who set unrealistic goals are more likely to abandon them, be less successful and give up their efforts. All of this negatively influences the therapeutic path, affecting a positive prognosis and preventing the patient from benefiting from the rehabilitation path which is the crucial point for improving quality of life.
The questionnaire is divided into 4 attribution subscales: biological, psychological, environmental and lifestyle. There will be 12 statements, 3 items per subscale evaluated on a 5-point Likert scale whose statements range from absolutely false to absolutely true.

* Mandatory

Personal information

1. Identification code (Matriculation number): *

Analysis of experience I. Biological factors

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown in each case. Rate the following items by assigning a score ranging from 0, which corresponds to "Absolutely false", to 5, which corresponds to "Absolutely true".

2. have a biological abnormality (e.g. a chemical or hormonal imbalance):
   1: Absolutely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

3. I was born with genes that make me more susceptible to developing chronic pain:
   1: Absolutely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

4. Many members of my family have suffered from chronic pain in their lives:
   1: Absolutely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

Analysis of Experience II. Psychological Factors

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown in each case. Rate the following items by assigning a score ranging from 0, which corresponds to "Absolutely false", to 5, which corresponds to "Absolutely true".

5. The way I evaluate or think about my experiences has caused my chronic pain:
   1: Definitely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Definitely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

6. Stress and negative life experiences caused my depression :
   1: Absolutely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

7. My chronic pain is due to my personality or temperament:
   1: Absolutely not true
   2: Somewhat not true
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

Experience Analysis III. Environmental Factors

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown in each case. Rate the following items by assigning a score ranging from 0, which corresponds to "Absolutely false", to 5, which corresponds to "Absolutely true".

8. The unhealthy or dysfunctional relationships I have experienced in my environment have caused my chronic pain:
   1: Absolutely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

9. The context in which I am placed has caused my chronic pain:
   1: Absolutely false
   2: Somewhat false
   3: Neither true nor false
   4: Somewhat true
   5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

10. My environment maintains and worsens my chronic pain condition:
    1: Absolutely false
    2: Somewhat false
    3: Neither true nor false
    4: Somewhat true
    5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

Experience Analysis IV. Lifestyle Factors

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown in each case. Rate the following items by assigning a score ranging from 0, which corresponds to "Absolutely false", to 5, which corresponds to "Absolutely true".

11. My chronic pain is the result of an unhealthy lifestyle (e.g., poor diet, lack of exercise):
    1: Absolutely false
    2: Somewhat false
    3: Neither true nor false
    4: Somewhat true
    5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

12. My habits make my chronic pain worse :
1: Absolutely false
2: Somewhat false
3: Neither true nor false
4: Somewhat true
5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

13. The fact that I can't follow my doctor's directions fuels my chronic pain :
1: Absolutely false
2: Somewhat false
3: Neither true nor false
4: Somewhat true
5: Absolutely true *

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

Chronic Low Back Pain and QoL Questionnaire

This questionnaire, specifically developed for the analysis of patients with chronic low back pain, is structured to ensure a comprehensive approach to the assessment of the patient's condition.
The first section of the questionnaire is dedicated to the collection of essential demographic data, while the second section consists of 60 questions divided into 12 categories. The aim is to assess in detail the impact of chronic pain associated with low back pain on the patient's quality of life.
The categories of questions aim to explore different aspects, including pain perception, work capacity, social and family interaction, sexual function, sleep quality, cognitive abilities, adaptability and resilience, interests and hobbies, as well as perception of disability and confidence in current medical care.
The aim of this in-depth psychosocial assessment is to obtain a comprehensive understanding of the patient's situation, in order to better personalize care in a functional and targeted way. This will allow us to focus on the true extent of the pathology and its impact on all aspects of the patient's life, ensuring adequate and personalized treatment.

* Mandatory

Personal information

1. Identification code (Matriculation number): *

2. Type : *

- ◯ Male
- ◯ Female

3. Age : *

- ◯ From 18 to 30 years old
- ◯ From 31 to 50 years old
- ◯ Over 50 years old

4. Educational qualification : *

- ☐ Primary school (elementary)
- ☐ Middle school diploma
- ☐ High school diploma
- ☐ Degree

5. How long have you been working overall? *

- ◯ 0-5 years
- ◯ 5-10 years
- ◯ 11-20 years
- ◯ Over 20

6. Marital status: *

- ○ Single
- ○ Nubile
- ○ Married
- ○ Divorced
- ○ Separated
- ○ Widowed

Analysis of experience I. Pain

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

7. On a scale of 0 to 10, where 0 represents no pain and 10 represents the worst possible pain, what is the average level of pain you have experienced from your chronic low back pain over the past 30 days? *

0	1	2	3	4	5	6	7	8	9	10

No pain — Maximum pain

8. Pain increases during moderate physical exertion:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

9. have noticed any changes in the intensity or frequency of my chronic pain in the last 30 days:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

10. feel like I can't control my pain :

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

11. My pain does not decrease with the use of medications :

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis The. Working capacity

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

12. have experienced numerous absences from work due to my pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

13. My performance at work has decreased because of my pain:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

14. had to change my work schedule due to the pain:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

15. had to give up or change my job position because of the pain:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

16. have had to take more frequent breaks during the work day due to chronic pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

17. Chronic pain affects my interactions with colleagues and superiors at work:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

18. have experienced difficulty maintaining or finding employment due to chronic pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis III. Perceived Disability

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

19. Do you feel limited in your ability to carry out normal daily activities because of your back pain?
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

20. I feel able to take care of myself and my health:
1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

21. Chronic back pain has affected your expectations for the future or life goals:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

22. Chronic back pain affects my self-esteem or perception of myself:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Analysis of Experience IV. Sexual Function

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

23. Back pain has affected my sex life :

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

24. have noticed changes in my libido and ability to enjoy intimate relationships due to back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

25. have noticed a decrease in interest in sexual activity due to chronic back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

26. Chronic back pain affects your ability to engage in sexual activity:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

27. Chronic back pain affects sexual satisfaction or pleasure during sexual activity:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

28. have noticed a change in energy levels or sex drive due to chronic back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis V. Sleep Quality

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

29. I wake up during the night because of back pain :

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

30. I feel rested in the morning after a night's sleep despite the back pain:
1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

31. Chronic back pain affects your ability to fall asleep or stay asleep at night:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

32. Chronic pain affects the overall quality of sleep, making it less restorative:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

33. have noticed changes in sleep patterns, such as waking up earlier in the morning due to chronic back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis VI. Interests and hobbies

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

34. have had to give up or change my interests or hobbies because of back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

35. Pain affects my desire to participate in recreational activities or hobbies that I previously enjoyed:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

36. Chronic pain affects my ability to do hobbies or activities that require physical movement:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

37. I feel frustrated or discouraged when chronic pain prevents me from participating in activities I love:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

38. have looked for alternatives or adaptations to continue my hobbies despite the chronic pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

39. I feel limited in my movements while shopping because of back pain:
1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

40. feel limited in my purchasing choices because of pain:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis VII. Confidence in Medical Care

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

41. feel satisfied with the current medical management of my chronic low back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

42. I feel listened to and involved in the decision-making process regarding my medical care for chronic low back pain:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

43. have had difficulty finding doctors or specialists who understand me and provide effective care for my chronic low back pain:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

44. have sought alternative or unconventional treatments due to lack of confidence in traditional medical care for my chronic low back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Analysis of the VIII. Experience Social Sphere

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

45. feel isolated or limited in social activities because of back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

46. Back pain negatively affects my relationships and social life:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

47. feel limited in attending meetings, parties, or other social events because of chronic low back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

48. have noticed changes in my social relationships due to chronic back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

49. Chronic pain affects my ability to participate in recreational or sports activities with friends:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

50. I feel understood by others regarding the challenges I face due to chronic low back pain:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

51. have experienced feelings of isolation or loneliness due to the limitations imposed by chronic pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Analysis of the experience IX. Family sphere

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

52. Pain affects my ability to participate in normal family activities:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

53. Pain prevents me from performing certain roles or tasks within the family:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

54. Pain prevents me from being fully involved in family life:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

55. have had to give up certain activities or time with my family because of chronic pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis X. Adaptability and Resilience

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

56. feel confident in my ability to deal with problems:
1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

57. I feel uncomfortable when dealing with new situations:
1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

58. know how to handle most situations I face:
1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

59. Unexpected situations make me anxious:

1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

60. tend to exaggerate the value of negative events:
1: Not at all **2:** Quite a bit **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Experience Analysis XI. Cognitive Abilities

INSTRUCTIONS

Please answer each question in the following questionnaire by indicating your answer as shown. Please answer one question at a time without taking into account your previous answers. Since there are no right or wrong answers, please carefully choose the answer that **you think** best describes what it means to live with a chronic condition, thus avoiding giving the answer that you think most people would give. In short, describe how you usually feel because of your chronic low back pain and how it affects your quality of life.

61. have noticed a decrease in my ability to concentrate due to chronic low back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

62. Chronic back pain affects my memory or learning ability :

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

63. feel more tired or less mentally alert because of chronic back pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

64. Chronic back pain affects your ability to solve problems or make decisions:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

65. Chronic back pain affected your speed of thinking or processing information:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

66. had difficulty maintaining attention on prolonged tasks due to chronic pain:

1: Not at all **2:** Somewhat **3:** A lot **4:** Very much

*

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

Analysis of the XII experience. Further comments

67. Do you have any other comments or information you would like to share about your experience with chronic low back pain?