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Supplementary appendix: Baseline Questionnaire

Age:

- Under 40
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89
- 90+

Gender

- Male
- Female

Can you please tell us where you heard about this survey?

- Internet advert
- Newspaper article
- Patient organization website
- Pain clinic
- GP
- Other (please specify)

Can you please select which of the following best describes your current employment status?

- Employed
- Self employed
- In education
- Voluntary work
- Retired
- Long term sick/ disabled
- Other

Can you tell us how many years it has been since you were diagnosed with Osteoarthritis?

- < 1 year
- 1-4 years
- 5-9 years
- 10-14 years
- 15+ years

Can you specify which areas are affected by Osteoarthritis?

- Hip
- Knee
- Other

What other conditions, if any, are you living with?

- Diabetes Type 2
- High blood pressure

- High cholesterol
- Previous heart attack
- Depression
- Angina
- Renal/ Kidney disease
- Other (please specify)

How many different oral medications do you take per day for all conditions you have?

- 1-3
- 4-5
- 6-7
- 8-9
- 10 or more

Current Medications

For your Osteoarthritis pain, are you currently prescribed any of the following painkillers? and at what dose/dose frequency?

- 7-day buprenorphine patch (BuTrans)
 - 5
 - 10
 - 15
 - 20
 - 25
 - 30
 - 40
- Co-codamol (e.g. Solpadol, Zapain, Other) (as required, 4-6 hourly)
 - 8/500
 - 15/500
 - 30/500
- Tramadol (Zamadol, Zydol, Other) (as required, 4-6 hourly, 12-hourly, 24-hourly)
 - 50
 - 100
 - 150
 - 200
 - 300
 - 400
- None of these
- Other (please specify)

Can you please tell us how satisfied you are with your current medication?

- Very satisfied
- Satisfied
- Neither/ nor
- Dissatisfied
- Very dissatisfied
- No opinion

How long have you been taking your medication?

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- Over 6 months

**Immediately before this medication were you taking either BuTrans/Co-codamol/Tramadol?
(Please specify which one and the length of time you were on it?)**

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- Over 6 months

Why did you discontinue treatment with this medication?

- Side effects experienced (please specify which ones)
- Felt better/ didn't feel the need for it
- Wasn't working/ lack of effect
- Wanted to reduce tablet burden
- Complicated dosing regimen
- Other (please specify)

How satisfied were you with your previous medication?

- Very satisfied
- Satisfied
- Neither/ nor
- Dissatisfied
- Very dissatisfied
- No opinion

For your OA pain have you been prescribed any other treatments recently?

- No
- Paracetamol
- Aspirin
- Ibuprofen tablets or capsules (e.g. Nurofen)
- Ibuprofen gel (e.g. Nurofen gel)
- Diclofenac tablets (e.g. Voltarol tablets)
- Diclofenac gel (e.g. Voltarol Emulgel)
- Codeine containing medications (e.g. Nurofen plus, Panadol Ultra, Solpadeine Max)
- Other creams, rubs, or ointments
- Stronger painkillers such as Morphine, Oxycodone, Fentanyl etc

- Other (free text)

For your Osteoarthritis pain, have you bought any other treatments or medications recently?

- No
- Paracetamol
- Aspirin
- Ibuprofen tablets or capsules (e.g. Nurofen)
- Ibuprofen gel (e.g. Nurofen gel)
- Diclofenac tablets (e.g. Voltarol tablets)
- Diclofenac gel (e.g. Voltarol Emulgel)
- Codeine containing medications (e.g. Nurofen plus, Panadol Ultra, Solpadeine Max)
- Other creams, rubs, or ointments
- Support bandages
- Herbal therapies
- Other (free text)

SF-36

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Compared to 4-weeks ago how would you rate your health in general now?

- Much better than 4 weeks ago
- Somewhat better than 4 weeks ago
- About the same as 4 weeks ago
- Somewhat worse than 4 weeks ago
- Much worse now than 4 weeks ago

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Yes, limited a lot, Yes limited a little, No, not limited at all).

- Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
- Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- Lifting or carrying groceries
- Climbing several flights of stairs
- Climbing one flight of stairs
- Bending, kneeling, or stooping
- Walking more than a mile
- Walking several hundred yards
- Walking one hundred yards
- Bathing or dressing yourself

During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (All of the time, most of the time, some of the time, a little of the time, none of the time).

- Cut down on the amount of time you spent on work or other activities
- Accomplished less than you would like
- Were limited in the kind of work or other activities
- Had difficulty performing the work or other activities (for example, it took extra effort)

During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (All of the time, most of the time, some of the time, a little of the time, none of the time).

- Cut down on the amount of time you spent on work or other activities
- Accomplished less than you would like
- Did work or other activities less carefully than usual

During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

How much bodily pain have you had during the past four weeks?

- None
- Very Mild
- Mild
- Moderate
- Severe
- Very Severe

During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past four weeks? (All of the time, most of the time, some of the time, a little of the time, none of the time).

- Did you feel full of life?
- Have you been very nervous?
- Have you felt so down in the dumps that nothing could cheer you up?
- Have you felt calm and peaceful?
- Did you have a lot of energy?
- Have you felt downhearted and low?

- Did you feel worn out?
- Have you been happy?
- Did you feel tired?

During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc)?

- All of the time
- Most of the time
- Some of the time
- A little bit of the time
- None of the time

How TRUE or FALSE is each of the following statements for you? (Definitely true, mostly true, don't know, mostly false, definitely false).

- I seem to get ill more easily than other people
- I am as healthy as anybody I know
- I expect my health to get worse
- My health is excellent

Morisky Medication Adherence scale

Do you sometimes forget to take your Osteoarthritis pain medication(s)?

- Yes
- No

People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your Osteoarthritis pain medication(s)?

- Yes
- No

Have you ever cut back or stopped taking your osteoarthritis medication(S) without telling your doctor, because you felt worse when you took it?

- Yes
- No

When you travel or leave home, do you sometimes forget to bring along your Osteoarthritis medication(s)?

- Yes
- No

Did you take/ wear your Osteoarthritis pain medication(s) yesterday?

- Yes
- No

When you feel like your Osteoarthritis pain is under control, do you sometimes stop taking your medication(s)?

- Yes
- No

Taking medication(s) everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your Osteoarthritis pain treatment plan?

- Yes
- No

How often do you have difficulty remembering to take all your medication(s)?

- Never/ rarely
- Once in a while
- Sometimes
- Usually
- All the time

Are there any other reasons for forgetting to take your medicine?

- No
- Yes - too many medicines
- Yes - worried about side effects
- Other (please specify)

Health resource use

Due to your Osteoarthritis pain, have you had to visit any of the following within the last month?

- No
- GP
- Practice nurse
- Out of hours GP
- Hospital - Outpatients department
- Hospital - Casualty/ Accident & Emergency

If yes, how many time in the past month have you visited them?

- 1
- 2
- 3
- 4
- 5
- 6
- More than 6

With regard to your hospital outpatients/ accident & emergency visit, were you ever kept in hospital/ other overnight? And for how many days?

- Yes
- No

How many separate occasions have you been admitted to hospital/other overnight as a result of visiting outpatients/ accident & emergency/ medical admissions unit/ other due to Osteoarthritis pain?

- Number

Follow up Questionnaires

- Has your prescription pain medication changed since the last questionnaire? If so, what are you now taking? And what were the reasons for discontinuation?
- Repeat additional and bought medications question
- SF-36
- Morisky
- Healthcare utilisation