Supplementary online material

1.1 – Path diagram for back pain assuming a one-factor model with factor loadings (standardised estimates)



1

Eol, enjoyment of life; Gna, general activity; mod, mood; Nrw, normal work; PnI, Pain Interference; Rwo, relationships with others; Slp, sleep; Wla, walking ability

1.2 – Path diagram for back pain population assuming a two-factor model with factor loadings (standardised estimates)



en, enjoyment of life; gn, general activity; mod, mood; nr, normal work; rl, relationships with others; slp, sleep; wl, walking ability

1.3 – Path diagram for neck pain population assuming a one-factor model with factor loadings (standardised estimates)



enjoyment of life; Gna, general activity; mod, mood; Nrw, normal work; PnI, Pain Interference; Rwo, relationships with others; Slp, sleep; Wla, walking ability

Eol,

1.4 – Path diagram for neck pain population assuming a two-factor model with factor loadings

(standardised estimates)



en, enjoyment of life; gn, general activity; mod, mood; nr, normal work; rl, relationships with others; slp, sleep; wl, walking ability

1.5 – Path diagram for mixed spinal pain population assuming a one-factor model with factor
loadings (standardised estimates)



Eol, enjoyment of life; Gna, general activity; Mod, mood; Nrw, normal work; Rwo, relationships with others; Slp, sleep; Wla, walking ability

1.6 - Path diagram for mixed spinal pain population assuming a two-factor model with factor

loadings (standardised estimates)



EoI, enjoyment of life; Gna, general activity; Mod mood; Nrw normal work; Rwo, relationships with others; Slp, sleep; Wla, walking ability, , ,

2 - Hypotheses for evaluating construct validity of a one-factor BPI-IS model

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
1. The BPI-IS will have	The BPI-IS measures a	Pearson's	0.62	Y
at least a moderate	similar but not identical	correlation		
positive correlation	construct to the RMDQ	coefficient to test		
(Pearson's r of 0.50 to	(interference from pain	convergent		
0.69) with the RMDQ	versus disability)	validity.		
in those with LBP.	therefore a moderate			
	correlation is expected.			
	This is supported by			
	literature which has			
	found the BPI-IS			
	correlates highly with			
	the RMDQ (r=0.81) in a			
	population with			
	osteoarthritis and			
	general non-cancer			
	pain (non-acute). <sup>34,35</sup>			
2. The BPI-IS will have	The BPI-IS measures a	Pearson's	0.66	Y
at least a moderate	similar but not identical	correlation		
positive correlation	construct to the NDI	coefficient to test		
(Pearson's r of 0.50 to	(interference from pain			

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
0.69) with the NDI in	versus disability from	convergent		
those with neck pain.	pain) therefore a	validity.		
	moderate correlation is			
	expected.			
	The NDI has been			
	shown to correlate			
	moderately with other			
	PROMs measuring			
	physical			
	function/disability such			
	as work and lifting in			
	neck pain			
	populations. <sup>36</sup>			
3. The BPI-IS will have	Part 1 asks about	Pearson's	Back:	N for both
at least a weak	general health. General	correlation	r = 0.16	
positive correlation	health is a different	coefficient to test		
(Pearson's r of 0.30 to	construct to activity	convergent	Neck:	
0.49) with the SF-12v2	interference from pain	validity.	r = 0.16	
(Part 1) e.g. as SF-12v2	however it is sensible			
score increase (worse	to assume that the two		Both	
general health), BPI-IS	constructs are		combined:	

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
scores decrease (more	somewhat similar, i.e		r = 0.16	
activity interference	as activity interference			
from pain).	from pain reduces,			
	general health			
	improves. Back and			
	neck pain has been			
	found to be			
	associated with general			
	health in a Danish twin			
	study. <sup>37</sup>			
4. BPI-IS will have at	Part 2 asks about	Pearson's	Back:	N for both
least a strong negative	typical daily activities.	correlation	r = -0.17	
correlation (Pearson's	This is a fairly generic	coefficient to test		
r of -0.70 to -0.90)	domain, and	convergent	Neck:	
with the SF-12v2 (Part	theoretically the same	validity.	r = -0.31	
2). As SF-12v2 score	domain as the BPI-IS			
increase (improving	therefore we expect a		Both	
ability to do daily	strong correlation. Both		combined:	
activities), BPI-IS	of these tools are not		r = -0.16	
scores decrease (less	disease specific (unlike			
	the NDI and RMDQ)			

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
activity interference	which is why this			
from pain).	correlation is expected			
	to be higher.			
	This has been			
	demonstrated in			
	literature regarding			
	chronic pain and daily			
	activities <sup>38</sup> and we			
	would expect similar			
	results with acute pain			
	for the duration of the			
	pain episode.			
5. BPI-IS will have at	Part 3 asks about	Pearson's	Back:	N for back
least a moderate	limitations of activities	correlation	r = -0.33	Y for neck
negative correlation	in the past week due to	coefficient to		
(Pearson's r of -0.50 to	physical health,	measure	Neck:	
-0.69) with the SF-	specially accomplishing	convergent	r = -0.57	
12v2 (Part 3) e.g. as	less and being limited	validity.		
SF-12v2 score increase	in kinds of activities.		Both	
(improving ability to	This is a similar		combined:	
accomplish tasks) BPI-	construct to activity		r = -0.34	

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
IS scores decrease	interference from pain			
(less activity	therefore we expect a			
interference from	moderate to strong			
pain).	correlation.			
	No literature is			
	available on this matter			
	to our knowledge.			
6. The BPI-IS will have	Part 5 asks about how	Pearson's	Back:	N for both
at least a moderate	much the pain has	correlation	r = -0.42	
negative correlation	interfered with your	coefficient to		
(Pearson's r of -0.50 to	normal work. This is a	measure		
-0.69) with the SF-	similar construct to	convergent	Neck:	
12v2 (Part 5) e.g. as	activity interference	validity.	r = -0.49	
SF-12v2 score increase	from pain therefore we			
(improving ability do	expect a moderate to		Both	
normal work) BPI-IS	strong correlation.		combined:	
scores decrease (less	The AIHW states that		r = -0.41	
activity interference	back problems are a			
from pain).	significant cause of loss			
	of productivity. <sup>39</sup>			

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
7. The BPI-IS will have	Part 6 asks about how	Pearson's	Back:	N for both
at least a moderate	often one feels	correlation	r = -0.34	
negative correlation	peaceful and energetic.	coefficient to		
(Pearson's r of -0.50 to	We consider this	measure	Neck:	
-0.69) with the SF-	domain to be similar to	convergent	r = -0.30	
12v2 (Part 6) e.g. as	'depression'.	validity.		
SF-12v2 score increase	It has been shown to		Both	
(improving feelings of	have a moderate		combined:	
peace and energy) BPI-	correlation with acute		r = -0.28	
IS scores decrease	pain <sup>40</sup> and a moderate			
(less activity	correlation with			
interference from	disability. <sup>41</sup>			
pain).				
8. The BPI-IS will have	The BPI-IS subscale	Pearson's	Back:	N for back
at least a moderate	measures a different	correlation	r = 0.44	Y for neck
positive correlation	construct to the Pain	coefficient to		
(Pearson's r of 0.50 to	Severity subscale, but it	measure	Neck:	
0.69) with the BPI Pain	would be sensible to	convergent	r = 0.58	
Severity subscale.	assume the two	validity.		

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
	correlate to some		Both	
	degree.		combined:	
	This is supported by		r = 0.45	
	literature examining			
	the relationship			
	between acute pain			
	and disability. <sup>42</sup>			
9. The BPI-IS will have	The BPI-IS measures a	Pearson's	Back:	N for both
at least a moderate	different construct to	correlation	r = 0.44	
positive correlation	pain. However, it is	coefficient to		
(Pearson's r of -0.50 to	sensible to assume that	measure	Neck:	
-0.69) with the VAS	pain and disability	convergent	r = 0.48	
pain scale (0-10)	would correlate.	validity.		
(average pain subscale	This is supported by		Both	
of BPI-PI).	literature showing a		combined:	
	moderate to strong		r = 0.40	
	correlation between			
	the BPI-IS and pain			
	scales such as VAS and			
	NRS in chronic LBP. <sup>43</sup>			

Hypothesis	Justification and links	Statistical	Result	Confirmed:
	to literature	Analysis		Y / N
10. The BPI-IS will not	The location of pain	Mean and SDs for	-0.05	Y
correlate with the	(back vs neck) should	each group will be		
location of a	not correlate with the	compared.		
participant's pain	activity interference			
(back, neck, or both).	from pain.			
	Neither neck pain nor			
	back pain has been			
	demonstrated in			
	literature to be more			
	painful or more activity			
	limiting than the other.			
11. The BPI-IS will not	There is no literature	Mean and SDs for	Back:	Y for both
correlate with sex.	that suggests females	each group will be	r = -0.01	
	experience more	compared.		
	disability due to pain.		Neck:	
	Therefore, we expect		r = 0.26	
	similar distributions of			
	scores within sex		Both	
	groups experiencing		combined:	
	back and neck pain.		r = -0.02	

BPI-IS Brief Pain Inventory Interference Subscale; LBP, low back pain; NDI, Neck Disability Index; RMDQ, Roland Morris Disability Questionnaire ;SF-12v2, short form of the Health Survey; VAS, visual analogue scale.

3 – Hypotheses for evaluating construct validity of a two-factor model

Hypothesis	Justification	Result	Confirmed?
Physical domain		I	
1. The BPI-IS physical	The BPI-IS physical domain measures a	0.60	Yes
domain will have at least a	similar but not identical construct to		
moderate positive	the RMDQ (physical interference from		
correlation with the RMDQ	pain versus disability) therefore a		
in those with LBP.	moderate correlation is expected. This		
	is more than what is expected for the		
	affective domain where the expected		
	correlation is at least weak.		
	This is supported by literature which		
	has found the BPI-IS correlates highly		
	with the RMDQ (r=0.81) in a population		
	with osteoarthritis and general non-		
	cancer pain, but these are non-acute		
	which is different from our acute LBP		
	population. <sup>34,35</sup>		
2. The BPI-IS physical	The BPI-IS physical domain measures a	0.58	Yes
domain will have at least a	similar but not identical construct to		
moderate positive	the NDI (physical interference from		
correlation with the NDI in	pain versus disability from pain)		
those with neck pain.	therefore a moderate correlation is		

	expected. This is more than what is		
	expected for the affective domain		
	where the expected correlation is at		
	least weak. The NDI has been shown to		
	correlate moderately with other		
	PROMs measuring physical		
	function/disability such as work and		
	lifting in neck pain populations. <sup>36</sup>		
3. The BPI-IS physical	Part 1 asks about general health.	0.30	Yes
domain will have at least a	General health is a different construct		
weak negative correlation	to physical interference from pain		
with the SF-12v2 (Part 1) e.g.	however it is sensible to assume that		
as SF-12v2 score increase	the two constructs are somewhat		
(worse general health), BPI-	similar i.e as physical interference from		
IS scores decrease (more	pain reduces, general health improves.		
physical interference from	Back and neck pain has been found to		
pain).	be associated with general health in a		
	Danish twin study. <sup>37</sup> This is the same		
	expected correlation as for the		
	affective domain.		
4. BPI-IS physical domain will	Part 2 asks about typical daily activities.	0.09	No
have at least a strong	This is a generic domain, and		
negative correlation with	theoretically the same domain as the		

the SF-12v2 (Part 2). As SF-	BPI-IS physical domain therefore we		
12v2 score increase	expect a strong correlation. This is		
(improving ability to do daily	stronger than what is expected for the		
activities), BPI-IS scores	affective domain where only a weak		
decrease (less physical	correlation is hypothesised. Both of		
interference from pain).	these tools are not disease specific		
	(unlike the NDI and RMDQ) which is		
	why this correlation is expected to be		
	stronger.		
	This has been demonstrated in		
	literature regarding chronic pain and		
	daily activities <sup>38</sup> and we would expect		
	similar results with acute pain for the		
	duration of the pain episode.		
5. BPI-IS physical domain will	Part 3 asks about limitations of	-0.10	No
have at least a moderate	activities in the past week due to		
negative correlation with	physical health, specially accomplishing		
the SF-12v2 (Part 3) e.g. as	less and being limited in kinds of		
SF-12v2 score increase	activities. This is a similar construct to		
(improving ability to	physical interference from pain		
accomplish tasks) BPI-IS	therefore we expect at least a		
physical scores decrease	moderate correlation. The correlation		
		1	1

(less physical interference	is expected to be weaker than that		
from pain).	proposed in hypothesis 4 (above)		
	because there may be more of an		
	affective component to accomplishing		
	tasks compared to being physically able		
	to do tasks. It is expected to be		
	stronger than the correlation with the		
	affective domain (at least weak).		
	No literature is available on this matter		
	to our knowledge.		
6. The BPI-IS physical	Part 5 asks about how much the pain	-0.22	No
domain will have at least a	has interfered with your normal work.		
moderate negative	This is a similar construct to physical		
correlation with the SF-12v2	interference from pain, however it		
(Part 5) e.g. as SF-12v2 score	includes other factors such as		
increase (improving ability	concentration, therefore we expect at		
do normal work) BPI-IS	least a moderate correlation. This is		
scores decrease (less	stronger than the expected correlation		
physical interference from	with the affective domain (at least		
pain).	weak).		
	The AIHW states that back problems		
	are a significant cause of loss of		
	productivity. <sup>39</sup>		
correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase (improving ability do normal work) BPI-IS scores decrease (less physical interference from pain).	interference from pain, however it includes other factors such as concentration, therefore we expect at least a moderate correlation. This is stronger than the expected correlation with the affective domain (at least weak). The AIHW states that back problems are a significant cause of loss of productivity. <sup>39</sup>		

7. The BPI-IS physical	It is unclear how feelings and	0.12	No
domain will have less than a	peace/energy relate to physical		
weak negative correlation	interference from pain. It is sensible to		
with the SF-12v2 (Part 6) e.g.	expect that there may be some		
as SF-12v2 score increase	relationship but it is not likely to reach		
(improving feelings of peace	the threshold for weak, moderate or		
and energy) BPI-IS scores	strong, given that the domains are		
decrease (less physical	quite different. We expect the		
interference from pain).	correlation to be weaker than with the		
	affective domain where the hypothesis		
	is at least a weak correlation.		
8. The physical domain of	The BPI-IS physical domain measures a	0.34	Yes
the BPI-IS will have at least a	different construct to the Pain Severity		
weak positive correlation	subscale, but it would be sensible to		
with the BPI Pain Severity	assume the two correlate to a weak		
subscale.	degree.		
	This is supported by literature		
	examining the relationship between		
	acute pain and disability. <sup>42</sup> This is the		
	same as for the affective domain.		
9. The physical domain of	The BPI-IS measures a different	0.32	Yes
the BPI- IS will have at least	construct to pain. However, it is		
a weak positive correlation	sensible to assume that pain and		

with the VAS pain scale (0-	physical pain interference would		
10) (average pain subscale	correlate. This is the same as for the		
of BPI-PI).	affective domain.		
	This is supported by literature showing		
	a moderate to strong correlation		
	between the entire BPI-IS and pain		
	scales such as VAS and NRS in chronic		
	LBP. <sup>43</sup> This population is acute,		
	therefore the correlation may only be		
	weak.		
10. The physical domain of	The location of pain (back vs neck)	-0.12	Yes
the BPI-IS will not correlate	should not correlate with the physical		
with the location of a	interference from pain. This is the		
participant's pain (back,	same as the affective domain.		
neck or both).	Neither neck pain nor back pain has		
	been demonstrated in literature to be		
	more painful or more activity limiting		
	than the other. This is the same as the		
	affective domain.		
11. The physical domain of	There is no literature that suggests	-0.01	Yes
the BPI-IS will not correlate	males or females experience more		
with gender.	physical interference due to pain.		
	Therefore, we expect similar		

	distributions of scores within gender		
	groups experiencing back and neck		
	pain.		
Affective domain			1
1. The BPI-IS affective	Affective interference from pain is	0.52	Yes
domain will have at least a	likely related to the domain measured		
weak correlation with the	by the RMDQ (disability), but less so		
RMDQ in those with LBP.	than the physical domain where we are		
	expecting at least a moderate		
	correlation. Psychological and mental		
	wellbeing (similar domains to affect)		
	have been shown in literature to		
	correlate with measures of disability in		
	chronic pain populations, so it may also		
	correlate in this acute population.44,45		
2. The BPI-IS affective	Affective interference from pain is	0.64	Yes
domain will have at least a	likely related to the domain measured		
weak correlation with the	by the NDI (disability), but less so than		
NDI in those with neck	the physical domain where the		
pain.	expected correlation is at least		
	moderate. Distress has been found to		
	be associated with neck pain which is a		
	somewhat similar domain to affect. <sup>46</sup>		

3. The BPI-IS affective	Part 1 asks about general health.	0.31	Yes
domain will have at least a	General health is a different construct	l health is a different construct	
weak negative correlation	to affective interference from pain		
with the SF-12v2 (Part 1) e.g.	however it is sensible to assume that		
as SF-12v2 score increase	the two constructs are somewhat		
(worse general health), BPI-	similar i.e. as general health improves,		
IS scores decrease (more	affective interference from pain		
affective interference from	reduces. Back and neck pain has been		
pain).	found to be associated with general		
	health in a Danish twin study. <sup>37</sup> This is		
	the same expected correlation as for		
	the physical domain.		
4. BPI-IS affective domain	Part 2 asks about typical daily activities.	0.07	No
will have at least a weak	While we expect this to be strongly		
negative correlation with	correlated with the physical domain,		
the SF-12v2 (Part 2) As SF-	there is much less evidence of a		
12v2 score increase	relationship between affect and ability		
(improving ability to do daily	to do daily activities. It is sensible to		
activities), BPI-IS scores	expect at least a weak correlation as		
decrease (less affective	having less ability to do daily activities		
interference from pain).			
	is likely to be accompanied by reduced		

5. BPI-IS affective domain	Part 3 asks about limitations of	-0.07	No
will have at least a weak	activities in the past week due to		
negative correlation with	physical health, specially accomplishing		
the SF-12v2 (Part 3) e.g. as	less and being limited in kinds of		
SF-12v2 score increase	activities. It is sensible to expect at		
(improving ability to	least a weak correlation as having less		
accomplish tasks) BPI-IS	ability to accomplish tasks is likely to be		
scores decrease (less	associated with reduced affect, but less		
affective interference from	so than the physical domain where the		
pain).	correlated is expected to be at least		
	moderate.		
6. The BPI-IS affective	There is a lack of evidence for a direct	-0.14	No
6. The BPI-IS affective domain will have at least a	There is a lack of evidence for a direct association between ability to work and	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g.	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less ability to work is likely to be associated	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase (improving ability do normal	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less ability to work is likely to be associated with reduced affect, but less so then	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase (improving ability do normal work) BPI-IS scores decrease	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less ability to work is likely to be associated with reduced affect, but less so then the physical domain where the	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase (improving ability do normal work) BPI-IS scores decrease (less affective interference	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less ability to work is likely to be associated with reduced affect, but less so then the physical domain where the expected correlation is at least	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase (improving ability do normal work) BPI-IS scores decrease (less affective interference from pain).	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less ability to work is likely to be associated with reduced affect, but less so then the physical domain where the expected correlation is at least moderate.	-0.14	No
6. The BPI-IS affective domain will have at least a weak negative correlation with the SF-12v2 (Part 5) e.g. as SF-12v2 score increase (improving ability do normal work) BPI-IS scores decrease (less affective interference from pain).	There is a lack of evidence for a direct association between ability to work and affect, but it is sensible to expect at least a weak correlation as having less ability to work is likely to be associated with reduced affect, but less so then the physical domain where the expected correlation is at least moderate.	-0.14	No

7. The BPI-IS affective	The relationship between the domains	-0.09	No
domain will have at least a	of peace/energy and affect but have		
weak negative correlation	not been studied. It is sensible to	ble to	
with the SF-12v2 (Part 6) e.g.	expect a weak correlation due to the	the	
as SF-12v2 score increase	overlap of the domains, however we		
(improving feelings of peace	are expecting it to be weaker than that		
and energy) BPI-IS scores	with the physical domain where the		
decrease (less affective	expected correlation is less than weak		
interference from pain).	(0.0 to 0.29).		
8. The affective domain of	Pain and mood (affect) have been	0.34	Yes
the BPI-IS will have at least a	shown to be related but have a		
weak positive correlation	complex relationship, especially in		
with the BPI Pain Severity	acute conditions where pain and any		
subscale.	mood changes are transient. <sup>47</sup>		
	Therefore, we are expecting a weak		
	correlation. This is the same as for the		
	physical domain.		
9. The affective domain of	The BPI-IS affective domain measures a	0.31	Yes
the BPI- IS will have at least	different construct to pain. However, it		
a weak positive correlation	is sensible to assume that pain and		
with the VAS pain scale (0-	affective interference from pain would		

10) (average pain subscale	correlate. This is the same as for the		
of BPI-PI).	physical domain.		
	This is supported by literature showing		
	a moderate to strong correlation		
	between the whole BPI-IS and pain		
	scales such as VAS and NRS in chronic		
	LBP <sup>43</sup> . As our population is acute, the		
	correlation may only be weak.		
10. The affective domain of	The location of pain (back vs neck)	0.05	Yes
the BPI-IS will not correlate	should not correlate with the affective		
with the location of a	interference from pain.		
participant's pain (back,	Neither neck pain nor back pain has		
neck or both).	been demonstrated in literature to be		
	more emotionally distressing than the		
	other. This is the same as the physical		
	domain.		
11. The physical domain of	There is no literature that suggests	0.01	Yes
the BPI-IS will not correlate	males or females experience more		
with gender.	affective interference due to pain.		
	Therefore, we expect similar		
	distributions of scores within gender		
	groups experiencing back and neck		

pain. This is the same as the physical	
domain.	

BPI-IS Brief Pain Inventory Interference Subscale; LBP, low back pain; NDI, Neck Disability Index; RMDQ, Roland Morris Disability

Questionnaire ;SF-12v2, short form of the Health Survey; VAS, visual analogue scale.

## \*All hypotheses were tested using Pearson's correlation coefficient to measure convergent

validity.

4 – Summary of Global Perceived Effect score (as reported in manuscript Tables 4 and 5) correlation coefficients by pain location

One factor	n	Correlation coefficient
Back	196	-0.35
Neck	25	-0.21
Both	19	-0.40
All combined	240	-0.35
Two factor		
Physical		
Back	196	-0.37
Neck	25	-0.20
Both	19	-0.42
All combined	240	-0.37
Affective		
Back	196	-0.29
Neck	25	-0.20
Both	19	-0.34
All combined	240	-0.48