

Appendix 1. Strong-opioid use questionnaire

Country

- UK Germany
 France Spain
 Italy

This section includes a number of basic questions about your health and medication. This section will take approximately 5 minutes to complete, but all questions must be filled in in order to progress.

Q1

Do you, or any members of your immediate family, work for any of the following industries?

- Advertising
 Market research
 PR or marketing industry
 Healthcare or medical industry
 Manufacture or sale of pharmaceutical products
 None of these

Q2

How old are you?

Q3

Which, if any, of the following conditions do you suffer from?

Select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Chronic back pain | <input type="checkbox"/> Shoulder pain/ stiffness |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Hip/ pelvic pain |
| <input type="checkbox"/> Psoriatic Arthritis | <input type="checkbox"/> Carpal tunnel syndrome |
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Dental pain |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Neuropathic pain relating to diabetes | <input type="checkbox"/> Pain from broken bones |
| <input type="checkbox"/> Neuropathic pain not relating to diabetes | <input type="checkbox"/> Menstrual pain |
| <input type="checkbox"/> Post herpetic neuralgia | <input type="checkbox"/> Plantar fasciitis |
| <input type="checkbox"/> Non herpetic neuralgia | <input type="checkbox"/> Sprains or strains |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Other pain condition (please specify) _____ |
| <input type="checkbox"/> Headache | <input type="radio"/> Prefer not to say |
| <input type="checkbox"/> Pain relating to cancer
(excluding prostate cancer) | <input type="radio"/> None of these |

Q3a

Which of the following types of cancer do you have? *Select all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Anal | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Non Hodgkin Lymphoma |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Ocular (eye) |
| <input type="checkbox"/> Bowel/Colon/Colorectal | <input type="checkbox"/> Ovarian |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Pancreatic |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Penile |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Esophageal | <input type="checkbox"/> Skin (Non-Melanoma) |
| <input type="checkbox"/> Hodgkin Lymphoma | <input type="checkbox"/> Squamous cell cancer (head or neck) |
| <input type="checkbox"/> Kidney (incl renal cell) | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Testicular |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Uterine |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Other type of cancer |
| <input type="checkbox"/> Mouth | <input type="radio"/> Prefer not to say |

Q4

Which of these chronic pain conditions causes you the most severe pain i.e., the one for which you need the strongest pain treatment?

Note that this list might not include all of the conditions that you indicated in the previous questions.

- Chronic back pain
- Rheumatoid Arthritis
- Osteoarthritis
- Joint pain
- Neuropathic pain relating to diabetes
- Post herpetic neuralgia
- Migraine
- Fibromyalgia
- Pain relating to cancer (excluding prostate cancer)
- Shoulder pain/ stiffness
- Neck pain

Q5

When did you first begin to experience _____?

- In the last 3 months
- More than 3 months, but less than one year ago
- 1 year or more, but less than 3 years
- 3 years or more, but less than 5 years
- 5 years or more, but less than 10 years
- 10 years or more

Q6a

Given below is a list of opioid drugs that people take for pain relief.

Part 1 - Could you please select the ones that you are currently taking

Part 2 - Could you please select the ones that you have tried before, but are not currently taking

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Physeptone | <input type="checkbox"/> Tephine | <input type="checkbox"/> Pecfent |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Reltebon | <input type="checkbox"/> Transtec |
| <input type="checkbox"/> Oramorph | <input type="checkbox"/> Pethidine | <input type="checkbox"/> Fentanilo |
| <input type="checkbox"/> MST continus | <input type="checkbox"/> Oxylan | <input type="checkbox"/> Oxynorm |
| <input type="checkbox"/> Zomorph | <input type="checkbox"/> Diamorphine | <input type="checkbox"/> Effentora |
| <input type="checkbox"/> Oxynorm | <input type="checkbox"/> Fencino | <input type="checkbox"/> Jurnista |
| <input type="checkbox"/> Oxycontin | <input type="checkbox"/> Transtec | <input type="checkbox"/> Feliben |
| <input type="checkbox"/> Morphine Sulphate | <input type="checkbox"/> Actiq | <input type="checkbox"/> Metasedin |
| <input type="checkbox"/> Longtec | <input type="checkbox"/> Palladone | <input type="checkbox"/> Instanyl |
| <input type="checkbox"/> Sevredol | <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Fendivia |
| <input type="checkbox"/> Morphgesic | <input type="checkbox"/> Abstral | <input type="checkbox"/> Oramorph |
| <input type="checkbox"/> Butrans | <input type="checkbox"/> Targin | <input type="checkbox"/> Oxiconona sandoz |
| <input type="checkbox"/> Palexia | <input type="checkbox"/> Palexia | <input type="checkbox"/> Cloruro morfina |
| <input type="checkbox"/> Shortec | <input type="checkbox"/> MST continus | <input type="checkbox"/> Zomorph |
| <input type="checkbox"/> Temgesic | <input type="checkbox"/> Yantil | <input type="checkbox"/> Breakyl |
| <input type="checkbox"/> Lynlor | <input type="checkbox"/> Durogesic | <input type="checkbox"/> Matrifen |
| <input type="checkbox"/> Targinact | <input type="checkbox"/> Oxycontin | <input type="checkbox"/> Fentanilo |
| <input type="checkbox"/> Matrifen | <input type="checkbox"/> Abstral | <input type="checkbox"/> Morfina clorhide |
| <input type="checkbox"/> Durogesic Dtrans | <input type="checkbox"/> Actiq | <input type="checkbox"/> Dolantina |
| <input type="checkbox"/> Oxycodone | <input type="checkbox"/> Sevredol | |

I am not currently taking, and nor have I ever tried, any of these drugs

Q6b

Which if these drugs do you rely on the most for pain relief (i.e. select the one you use most routinely to help manage your pain)? Select one drug from the list

In the rest of the survey, when we mention opioid drugs we would like you to think of only the ones on this list and not any others.

Q7

Now I would like to ask you a few questions about your digestive health e.g., pain or discomfort related to your stomach or bowels. Let us start with your bowel movements.

Over the past ONE week, on how many days did you have bowel movements?

- | | |
|---|--|
| <input type="radio"/> Every day | <input type="radio"/> 1 day over the past 7 days |
| <input type="radio"/> Almost every day (5-6 days) | <input type="radio"/> I did not move my bowels at all over the past 7 days |
| <input type="radio"/> Every other day (3-4 days) | |
| <input type="radio"/> 2 days over the past 7 days | |

Q8

To what extent is moving your bowels bothersome for you e.g. because you cannot use the toilet as often as you would like, or because you experience pain, discomfort, or difficulties with daily activities?

- Not at all
- A little
- A moderate amount
- Quite a lot
- A great deal

Q9a

Given below is a list of treatments that people typically take to help with their bowel movements.

Could you please select the ones that you are currently taking

- I do not take any treatments to help with my bowel movements
- | | | |
|--|---|---|
| <input type="checkbox"/> Bisacodyl | <input type="checkbox"/> Movicol | <input type="checkbox"/> LactuloseLactulosa |
| <input type="checkbox"/> Capsuvac | <input type="checkbox"/> Movicol-half | <input type="checkbox"/> LaxonolLactulose |
| <input type="checkbox"/> Celevac | <input type="checkbox"/> Norgalax | <input type="checkbox"/> MicrolaxLaxonol |
| <input type="checkbox"/> Co-Danthramer | <input type="checkbox"/> Norgalax Micro-enema | <input type="checkbox"/> MovicolMicrolax |
| <input type="checkbox"/> Co-Danthrusate | <input type="checkbox"/> Phospho-Soda | <input type="checkbox"/> PicosalaxMovicol |
| <input type="checkbox"/> Constella | <input type="checkbox"/> Regulose | <input type="checkbox"/> PlantabenPicosalax |
| <input type="checkbox"/> Dioctyl | <input type="checkbox"/> Resolor | <input type="checkbox"/> ResolorPlantaben |
| <input type="checkbox"/> Docusol | <input type="checkbox"/> Senna | <input type="checkbox"/> SennaResolor |
| <input type="checkbox"/> Dulcolax Perles | <input type="checkbox"/> Senokot | <input type="checkbox"/> Senna |
| <input type="checkbox"/> Dulcolax | <input type="checkbox"/> Sodium Picosulfate | <input type="checkbox"/> Agiolax |
| <input type="checkbox"/> Duphalac | <input type="checkbox"/> Strong Co-Danthramer | <input type="checkbox"/> Arkogelules Sene |
| <input type="checkbox"/> Galulose | <input type="checkbox"/> Adulax | <input type="checkbox"/> Auxitrans |
| <input type="checkbox"/> Lactuflave | <input type="checkbox"/> Belmalax | <input type="checkbox"/> Bebegel |
| <input type="checkbox"/> Lactugal | <input type="checkbox"/> Constella | <input type="checkbox"/> Boldoflorine |
| <input type="checkbox"/> Lactulose | <input type="checkbox"/> Dulcolax | <input type="checkbox"/> Chlorumacene |
| <input type="checkbox"/> Laevolac | <input type="checkbox"/> Duphalac | <input type="checkbox"/> Dragees |
| <input type="checkbox"/> Lecicarbon A | <input type="checkbox"/> EvacuolEnema Casen | <input type="checkbox"/> Dulcolax |
| <input type="checkbox"/> Lecicarbon C | <input type="checkbox"/> Fave de fucaEvacuol | <input type="checkbox"/> Duphalac |
| <input type="checkbox"/> Manevac | <input type="checkbox"/> GotalaxFave de fuca | |
| <input type="checkbox"/> Micolette | <input type="checkbox"/> LactulosaGotalax | |

Q9b

Which of these treatments do you rely on the most to help with your bowel movements (i.e. select the one you use most routinely to help with bowel movements)? Select one drug from the list

Q10

How dissatisfied or satisfied are you with _____ in terms of how much it helps you to improve your bowel movements (e.g., increasing regularity, relieving pain or discomfort) ?

- | | |
|---|--|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Somewhat satisfied |
| <input type="radio"/> Somewhat dissatisfied | <input type="radio"/> Very satisfied |
| <input type="radio"/> Neither dissatisfied or satisfied | |

Q11

How dissatisfied or satisfied are you with _____ in terms of how convenient it is to use (e.g. it was easy to prepare, it had no inconvenient side effects)?

- | | |
|---|--|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Somewhat satisfied |
| <input type="radio"/> Somewhat dissatisfied | <input type="radio"/> Very satisfied |
| <input type="radio"/> Neither dissatisfied or satisfied | |

Thank you very much for taking the time to look at this short survey about chronic pain and your health in general. The aim of the study is to learn about your health, and not to advertise or promote any particular treatments or services. The survey is being conducted by Insight Dojo, an independent research company based in the UK, and is being sponsored by a pharmaceutical company. Because the questions relate to your health, some of them are of a sensitive nature. The research is entirely confidential, meaning that no individual data will be passed on to the pharmaceutical company that is sponsoring the study. The company will see only the combined results across all respondents (or large groups of respondents).

By entering the survey, you consent to the collection of your data for research purposes. All data will be processed in adherence to the Market Research Society's Code of Conduct and the Data Protection Act 1998.

Now we will ask you further details about your chronic pain, opioid drugs and digestive health. Often, we will use the term constipation to describe difficulties in bowel movements such as irregular movements, discomfort or pain.

Q12a

The table below lists the different preparations (e.g. tablets, oral liquids, injections) that are available for the opioid drugs that you are currently taking. Please indicate which preparation of the drug(s) you currently take.

- Diamorphine INJECTION
- Diamorphine TABLETS/ CAPSULES
- Diamorphine POWDER
- Morphine sulphate ORAL LIQUID
- Morphine sulphate INJECTION
- MST continus TABLETS/ CAPSULES
- MST continus POWDER
- Oxycodone TABLETS/ CAPSULES
- Oxycodone ORAL LIQUID
- Oxynorm TABLETS/ CAPSULES
- Oxynorm ORAL LIQUID
- Oxynorm INJECTION
- Palexia TABLETS/ CAPSULES Palexia SR prolonged-release tablets
- Palexia TABLETS/ CAPSULES Not prolonged release
- Palladone TABLETS/ CAPSULES Palladone SR prolonged-release capsules
- Palladone TABLETS/ CAPSULES Capsules
- Physeptone ORAL LIQUID
- Physeptone INJECTION
- Physeptone TABLETS/ CAPSULES
- Oxynorm COMPRIMIDOS/CÁPSULAS
- Oxynorm LÍQUIDO ORAL

- Metasedin COMPRIMIDOS/CÁPSULAS
- Metasedin LÍQUIDO ORAL
- Methadone AP HP COMPRIMÉS/GÉLULES
- Methadone AP HP LIQUIDE ORAL
- Oramorph LIQUIDE ORAL
- Oramorph LIQUIDE ORAL
- Oramorph ORAL LIQUID
- Oramorph ORAL LIQUID
- Metadone Molteni ORAL LIQUID
- Metadone Molteni ORAL LIQUID
- Temgesic INJECTION
- Temgesic TABLETS/ CAPSULES
- Morphin TABLETS/ CAPSULES
- Morphin INJECTION
- Palladon TABLETS/ CAPSULES prolonged-release capsules
- Palladon TABLETS/ CAPSULES not prolonged-release capsules
- Palladon INJECTION
- MST TABLETS/ CAPSULES
- MST POWDER
- M-stada TABLETS/ CAPSULES
- M-stada INJECTION
- Temgesic TABLETS/ CAPSULES sublingual tablets
- Temgesic INJECTION
- Buprenorphine TABLETS/ CAPSULES sublingual tablets
- Buprenorphine TRANSDERMAL (SKIN) PATCH
- Oramorph ORAL LIQUID Pre-measured vial, ampoule or pot of liquid
- Oramorph LIQUID DROPS

Q12b

The table below lists the different strengths that are available for your current opioid drugs. Please think about the most recent day when you had opioid drugs to relieve pain. Which of these drugs did you have? How many of each of the listed items did you take that day?

- Abstral TABLETS/ CAPSULES Sublingual tablets 100 micrograms
- Abstral TABLETS/ CAPSULES Sublingual tablets 200 micrograms
- Abstral TABLETS/ CAPSULES Sublingual tablets 300 micrograms
- Abstral TABLETS/ CAPSULES Sublingual tablets 400 micrograms
- Abstral TABLETS/ CAPSULES Sublingual tablets 600 micrograms
- Abstral TABLETS/ CAPSULES Sublingual tablets 800 micrograms
- Actiq OTHER Lozenges 200 micrograms
- Actiq OTHER Lozenges 400 micrograms
- Actiq OTHER Lozenges 600 micrograms
- Actiq OTHER Lozenges 800 micrograms
- Actiq OTHER Lozenges 1200 micrograms
- Actiq OTHER Lozenges 1600 micrograms
- Butrans TRANSDERMAL (SKIN) PATCH 5 micrograms/hour
- Butrans TRANSDERMAL (SKIN) PATCH 10 micrograms/hour
- Butrans TRANSDERMAL (SKIN) PATCH 15 micrograms/hour
- Butrans TRANSDERMAL (SKIN) PATCH 20 micrograms/hour

- Diamorphine INJECTION 5mg
- Diamorphine INJECTION 10mg
- Diamorphine INJECTION 30mg
- Diamorphine INJECTION 100mg
- Diamorphine INJECTION 500mg
- Diamorphine TABLETS/ CAPSULES 10mg
- Diamorphine POWDER 5mg
- Diamorphine POWDER 10mg
- Diamorphine POWDER 30mg
- Diamorphine POWDER 100mg
- Diamorphine POWDER 500mg
- Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 12 micrograms/hour
- Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 25 micrograms/hour
- Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 50 micrograms/hour
- Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 75 micrograms/hour
- Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 100 micrograms/hour
- Fencino TRANSDERMAL (SKIN) PATCH 12 micrograms/hour
- Fencino TRANSDERMAL (SKIN) PATCH 25 micrograms/hour
- Fencino TRANSDERMAL (SKIN) PATCH 50 micrograms/hour
- Fencino TRANSDERMAL (SKIN) PATCH 75 micrograms/hour

Note: if you currently take an oral liquid, or use a nasal spray, we will ask about these separately.

Q12c

Roughly how many sprays did you take on that day for each of the nasal sprays you took?

- Pecfent OTRO FORMATO Aerosol nasal 100 microgramos/ dose
- Pecfent OTRO FORMATO Aerosol nasal 400 microgramos/ dose
- Instanyl OTRO FORMATO Aerosol nasal 50 microgramos/dose
- Instanyl OTRO FORMATO Aerosol nasal 100 microgramos/dose
- Instanyl OTRO FORMATO Aerosol nasal 200 microgramos/dose
- Instanyl AUTRE Spray nasal 50 microgrammess/dose
- Instanyl AUTRE Spray nasal 100 microgrammess/dose
- Instanyl AUTRE Spray nasal 200 microgrammess/dose
- Pecfent AUTRE Spray nasal 100microgrammes/ dose
- Pecfent AUTRE Spray nasal 400microgrammes/ dose
- Pecfent ALTRO Spray nasale 100 microgrammi/ dose
- Pecfent ALTRO Spray nasale 400 microgrammi/ dose
- Instanyl ALTRO Spray nasale 50 microgrammi/dose
- Instanyl ALTRO Spray nasale 100 microgrammi/dose
- Instanyl ALTRO Spray nasale 200 microgrammi/dose
- Instanyl NASAL SPRAY 50 Mikrogramms/dose
- Instanyl NASAL SPRAY 100 Mikrogramms/dose
- Instanyl NASAL SPRAY 200 Mikrogramms/dose
- Pecfent NASAL SPRAY 100 Mikrogramm/dose
- Pecfent NASAL SPRAY 400 Mikrogramm/ dose

Q12d

Roughly how many millilitres did you take on that day for each of the oral liquids you took?

Please write your answer in millilitres (ml)

- Methadone ORAL LIQUID 1mg/1ml
- Methadone ORAL LIQUID 10mg/1ml
- Methadone ORAL LIQUID 20mg/1ml
- Morphine sulphate ORAL LIQUID 10mg/5ml
- Morphine sulphate ORAL LIQUID 20mg/ml
- Oramorph ORAL LIQUID 10mg/5ml
- Oramorph ORAL LIQUID 20mg/1ml
- Oxycodone ORAL LIQUID 10mg/ml
- Oxycodone ORAL LIQUID 5mg/5ml
- Oxynorm ORAL LIQUID 10mg/ml
- Oxynorm ORAL LIQUID 5mg/5ml
- Physeptone ORAL LIQUID 1mg/1ml
- Oxynorm LÍQUIDO ORAL Botella de líquido 10mg/ml
- Oxynorm LÍQUIDO ORAL Botella de líquido 5mg/5ml
- Oramorph LÍQUIDO ORAL Botella de líquido 2mg/ml
- Oramorph LÍQUIDO ORAL Botella de líquido 6mg/ml
- Oramorph LÍQUIDO ORAL Botella de líquido 20mg/ml
- Methadone AP HP LIQUIDE ORAL Pré-mesurée flacon, ampoule ou un pot de liquide 5mg/3.75ml
- Methadone AP HP LIQUIDE ORAL Pré-mesurée flacon, ampoule ou un pot de liquide 1.33mg/ml
- Oramorph LIQUIDE ORAL drops oral 20mg/1ml

Q12e

So, your total dose of each drug was _____

- Yes, the doses are correct (continue to the next question)
- No, one or more of the doses are incorrect (re-enter the correct amount)

Q12f

You indicated that the dose for one or more of your medications was incorrect. Please enter the correct dose, together with the unit of measurement (milligrams, micrograms, millilitres), if you know it, in the box next to the relevant drug.

Note, if all of the doses are, in fact, correct, select 'Next'

Q13

Now, I would like you to think back to when you were first prescribed opioid drugs. When I say opioid drugs, I mean the drugs we have shown you before.

Click here for a reminder.

Roughly, how long ago were you first prescribed opioid drugs?

Please choose one option only

- In the last 3 months
- More than 3 months, but less than one year ago
- 1 year or more, but less than 3 years
- 3 years or more, but less than 5 years
- 5 years or more, but less than 10 years
- 10 years or more

Q14a

Thinking back to the time before you started taking opioid medications:

How was your experience of constipation then?

Please choose one option only

- | | |
|--|---|
| <input type="radio"/> It was much better | <input type="radio"/> It was slightly worse |
| <input type="radio"/> It was slightly better | <input type="radio"/> It was much worse |
| <input type="radio"/> It was the same | |

Q14b

Could you roughly tell us how many days in a week did you have bowel movements before you started taking opioid medications?

- | | |
|---|--|
| <input type="radio"/> Every day | <input type="radio"/> 2 days per week |
| <input type="radio"/> Almost every day (5-6 days) | <input type="radio"/> 1 day per week or less |
| <input type="radio"/> Every other day (3-4 days) | |

Q15

Thinking about the first time you were prescribed an opioid drug, which of the following medical professionals first prescribed an opioid drug to you?

Please choose one option only

- | | |
|--------------------------------------|--|
| <input type="radio"/> GP | <input type="radio"/> Oncologist |
| <input type="radio"/> Anaesthetist | <input type="radio"/> Nurse specialist |
| <input type="radio"/> Neurologist | <input type="radio"/> Pain specialist doctor |
| <input type="radio"/> Rheumatologist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Psychiatrist | <input type="radio"/> Internist |
| <input type="radio"/> Orthopaedist | <input type="radio"/> Other |

Q16

Now I would like you to think back to the conversation that you had with the doctor. Which, if any, of the following did your doctor (or other medical professional) do when prescribing the opioid drug to you for the first time?

Select all that apply

- Warned me about drowsiness as a potential side effect of the opioid drug
- Warned me about nausea and/or vomiting as a potential side effect of the opioid drug
- Warned me about constipation as a potential side effect of the opioid drug
- Suggested that I change my diet or lifestyle (e.g. by eating more fibre or exercising more often) to avoid constipation
- Prescribed me a laxative drug to avoid constipation
- Did none of these
- I don't remember

Q17

Which of the following medical professionals is primarily responsible for repeat prescription of your opioid medications?

Please select one option only

- | | |
|--------------------------------------|--|
| <input type="radio"/> GP | <input type="radio"/> Oncologist |
| <input type="radio"/> Anaesthetist | <input type="radio"/> Nurse specialist |
| <input type="radio"/> Neurologist | <input type="radio"/> Pain specialist doctor |
| <input type="radio"/> Rheumatologist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Psychiatrist | <input type="radio"/> Internist |
| <input type="radio"/> Orthopaedist | <input type="radio"/> Other |

Q18

Whom do you look to for help with managing constipation?

Select all that apply

- | | |
|---|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Anaesthetist | <input type="checkbox"/> Internist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Members of my family |
| <input type="checkbox"/> Rheumatologist | <input type="checkbox"/> My friends |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Other constipation sufferers |
| <input type="checkbox"/> Orthopaedist | <input type="radio"/> I do not look for help,
I manage constipation myself |
| <input type="checkbox"/> Oncologist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nurse specialist | |
| <input type="checkbox"/> Pain specialist doctor | |

Q19a

Thinking about your opioid drug usage over the years:

How has your opioid drug usage changed, if at all?

- | | |
|---|---|
| <input type="radio"/> It has increased a lot | <input type="radio"/> It has decreased slightly |
| <input type="radio"/> It has increased slightly | <input type="radio"/> It has decreased a lot |
| <input type="radio"/> It has been the same | |

Q19b

Thinking back to the last time when there was an increase in your total dosage of opioid drugs, what was the effect on your constipation?

- | | |
|--|---|
| <input type="radio"/> My constipation became much better | <input type="radio"/> My constipation became slightly worse |
| <input type="radio"/> My constipation became slightly better | <input type="radio"/> My constipation became much worse |
| <input type="radio"/> My constipation remained the same | |

Q20

Thinking about the future, how do you expect your opioid drug usage to change?

- | | |
|---|--|
| <input type="radio"/> I expect it to increase a lot | <input type="radio"/> I expect it to decrease slightly |
| <input type="radio"/> I expect it to increase slightly | <input type="radio"/> I expect it to decrease a lot |
| <input type="radio"/> I expect it to be the same as now | |

Q21a

Thinking about your opioid drug usage over the years:

Has there been a change in the specific opioid drug you were taking?

 Yes No**Q21b**

The last time there was a change in the specific opioid drug(s) that you were taking, what was the effect on constipation?

 My constipation became much better My constipation became slightly worse My constipation became slightly better My constipation became much worse My constipation remained the same**This section asks about your experience of constipation, and measures that you have taken to help with this.****Q22**

How much do you disagree or agree that the following caused you discomfort over the past TWO weeks?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
Incomplete bowel movement, like you didn't "empty" yourself	?	?	?	?	?	?	?
Passing of stools that were too hard or lumpy	?	?	?	?	?	?	?
Straining to try to pass stools	?	?	?	?	?	?	?
Sensation of a blockage or obstruction in your bowel movements	?	?	?	?	?	?	?
Bloating in your abdomen	?	?	?	?	?	?	?
Stomach cramps	?	?	?	?	?	?	?
Rectal burning (during or after a bowel movement)	?	?	?	?	?	?	?
Hemorrhoids (also known as 'piles')	?	?	?	?	?	?	?
Other (non-hemorrhoidal) rectal bleeding	?	?	?	?	?	?	?
Nausea	?	?	?	?	?	?	?
Vomiting	?	?	?	?	?	?	?

Q23

Over the past TWO weeks, to what extent did your constipation symptoms cause you to feel each of the following:

	1 Not at all	2	3	4 A moderate amount	5	6	7 A great deal
Disgusted	?	?	?	?	?	?	?
Frustrated	?	?	?	?	?	?	?
Helpless	?	?	?	?	?	?	?
Depressed	?	?	?	?	?	?	?
Dependant and "not free"	?	?	?	?	?	?	?
Obsessed i.e. not being able to get it out of your mind	?	?	?	?	?	?	?
Anxious or worried	?	?	?	?	?	?	?

Q24

	1 Not at all	2	3	4 A moderate amount	5	6	7 A great deal
Spend excessive time in the bathroom	?	?	?	?	?	?	?
Have difficulty socialising	?	?	?	?	?	?	?
Have difficulty working (including both paid work and household chores)	?	?	?	?	?	?	?
Have difficulty pursuing hobbies	?	?	?	?	?	?	?
Have difficulty being intimate with others	?	?	?	?	?	?	?
Have difficulty following your normal routine	?	?	?	?	?	?	?
Have difficulty taking your opioid drugs as normal	?	?	?	?	?	?	?

Q25a

Given below are a number of approaches that people use to relieve constipation.

Which of these approaches do you use on a regular basis, if any? There are no right or wrong answers.

- Used a single laxative treatment on its own
- Combined multiple laxative treatments
- Rotated among different opioid drug treatments
- Decreased the dose or frequency of your opioid drug treatment(s)
- Skipped a dose of your opioid drug treatment(s)
- Skipped several doses of your opioid drug treatment(s)
- Used an alternative (non opioid) painkiller
- Used manual methods (e.g. using your fingers) to support evacuation
- Drank more water, juice, or other fluids
- Eaten less, or been careful about what you ate
- Obtained additional fibre through your diet (e.g. by eating more fruit, vegetables, or cereal)?
- Taken a fibre supplement product (e.g. Fybogel, or a psyllium or methywarnlcellulose product)
- Exercised more often
- Had colonic hydrotherapy (also known as 'irrigation')
- Used a suppository or enema (a solid or liquid preparation inserted into the rectum)
- Used relaxation techniques (e.g. deep breathing, meditation)
- An approach I devised myself to deal with constipation

Q25b

Now think back to the last time you experienced severe constipation. Which of the following approaches did you use to manage your constipation then?

- Used a single laxative treatment on its own
- Combined multiple laxative treatments
- Rotated among different opioid drug treatments
- Decreased the dose or frequency of your opioid drug treatment(s)
- Skipped a dose of your opioid drug treatment(s)
- Skipped several doses of your opioid drug treatment(s)
- Used an alternative (non opioid) painkiller
- Used manual methods (e.g. using your fingers) to support evacuation
- Drank more water, juice, or other fluids
- Eaten less, or been careful about what you ate
- Obtained additional fibre through your diet (e.g. by eating more fruit, vegetables, or cereal)?
- Taken a fibre supplement product (e.g. Fybogel, or a psyllium or methylcellulose product)
- Exercised more often
- Had colonic hydrotherapy (also known as 'irrigation')
- Used a suppository or enema (a solid or liquid preparation inserted into the rectum)
- Used relaxation techniques (e.g. deep breathing, meditation)
- An approach I devised myself to deal with constipation

This section asks for further information about the constipation treatments (laxative drugs) that you currently use most often.

Q26

To what extent do you disagree or agree with the following statements regarding the laxative drug _____?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
Taking everything into consideration, I am very satisfied with the laxative drug	?	?	?	?	?	?	?
It allows me to move my bowels more easily	?	?	?	?	?	?	?
It relieves any pain I experience in moving my bowels	?	?	?	?	?	?	?
It has no inconvenient or problematic side effects	?	?	?	?	?	?	?
It is easy to prepare and administer	?	?	?	?	?	?	?
It is discreet and easy to carry around	?	?	?	?	?	?	?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
It works rapidly to control my constipation symptoms	?	?	?	?	?	?	?
It is affordable	?	?	?	?	?	?	?
It works predictably	?	?	?	?	?	?	?
It represents good value for money	?	?	?	?	?	?	?
It is available on the National Health Service – or the cost is reimbursed	?	?	?	?	?	?	?

This section asks about your attitudes on a variety of issues relating to opioid drugs, constipation, and your health in general.

Q27a

Given below are a number of statements related to your attitudes and beliefs about pain and opioids. There are no right or wrong answers. We are interested only in your opinions.

To what extent do you disagree or agree with the following statements?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
I feel really overwhelmed by my pain	?	?	?	?	?	?	?
I am the type of person who likes to get on with my life despite my pain	?	?	?	?	?	?	?
I would rather suffer a little from pain rather than take pain medications	?	?	?	?	?	?	?
My opioid drugs have allowed me to live a fuller life	?	?	?	?	?	?	?
I find it difficult to cope without my opioid drugs	?	?	?	?	?	?	?
I don't like my opioid drugs and have them only if it is absolutely necessary	?	?	?	?	?	?	?
I believe my health will improve and I will be able to discontinue my opioid drugs in the future	?	?	?	?	?	?	?
I often feel guilty when I take opioid drugs	?	?	?	?	?	?	?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
I think doctors must be more careful than they are while prescribing opioid drugs	?	?	?	?	?	?	?
I feel that pharmaceutical companies that manufacture opioid drugs are really improving the lives of patients	?	?	?	?	?	?	?
My experience of pain has helped me realise what is truly important	?	?	?	?	?	?	?
Because of my pain I no longer take people or things for granted	?	?	?	?	?	?	?
My experience of pain has helped me appreciate the value of living everyday to the full	?	?	?	?	?	?	?
My experience of pain has made me question who I am as a person	?	?	?	?	?	?	?
I wish I could keep using my opioid pain medication without having the constipation side effects	?	?	?	?	?	?	?
While opioid drugs relieve pain, the side effects make it difficult to do daily activities	?	?	?	?	?	?	?
I hate having to balance getting pain relief with constipation side effects	?	?	?	?	?	?	?
I am unable to control my pain properly because of the constipation side effects	?	?	?	?	?	?	?
I have a group of supportive people who make it easier to cope with pain	?	?	?	?	?	?	?
People suffering from pain and other health conditions frequently reach out to me for support	?	?	?	?	?	?	?

Q28

Given below are a number of statements related to your attitudes and beliefs about constipation, stomach health, and its impact on your life. There are no right or wrong answers. We are interested only in your opinions.

To what extent do you disagree or agree with the following statements?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
I feel upset if I cannot move my bowels every day	?	?	?	?	?	?	?
My constipation is awful and overwhelms me	?	?	?	?	?	?	?
At the back of my mind, I'm always thinking of constipation	?	?	?	?	?	?	?
After pain, constipation is one of my most bothersome problems	?	?	?	?	?	?	?
I often cut down my opioid medication to relieve my constipation	?	?	?	?	?	?	?
I would prefer not to reduce my opioid medication to relieve my constipation	?	?	?	?	?	?	?
I often worry that my bowels will lose their ability to function normally	?	?	?	?	?	?	?
Constipation prevents me from doing things that I really want	?	?	?	?	?	?	?
I take extreme measures to get relief from constipation that might not be good for me in other ways	?	?	?	?	?	?	?
Often constipation gets so bad, that I have to combine many different treatments	?	?	?	?	?	?	?
It bothers me that I spend so much time in the bathroom because of my constipation	?	?	?	?	?	?	?
Often I am afraid that I will fall in the bathroom and injure myself	?	?	?	?	?	?	?

Q29a

Given below are a number of statements related to your attitudes and beliefs about treatments that you use for constipation. There are no right or wrong answers. We are interested only in your opinions.

To what extent do you disagree or agree with the following statements?

	Disagree strongly	Disagree quite a lot	Disagree quite little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
I would much prefer to take natural (non pharmaceutical) treatments for my constipation	?	?	?	?	?	?	?
I would much prefer to change my diet, or some other aspect of my lifestyle, rather than taking pharmaceutical treatments for constipation	?	?	?	?	?	?	?
I would much rather take a constipation treatment as and when the need arises rather than take it continuously	?	?	?	?	?	?	?
I would much prefer a constipation treatment that I could use continuously, over the long term, as opposed to one that could only be taken when required	?	?	?	?	?	?	?
For me, it is very important that a constipation treatment works fast	?	?	?	?	?	?	?
For me, it is very important that a constipation treatment works predictably and not at random	?	?	?	?	?	?	?
For me, it is very important that a constipation treatment can be taken at any time of the day	?	?	?	?	?	?	?
For me, it is very important that I can take my constipation treatment with or without food	?	?	?	?	?	?	?
For me, it is very important that my constipation treatment does not affect the pain relief that I get from my opioid drugs	?	?	?	?	?	?	?
For me, it is very important that my constipation treatment does not affect the way that I take my opioid drugs (e.g. the timing, the dosage of my opioids)	?	?	?	?	?	?	?
For me, it is very important that a constipation treatment has no bad side effects	?	?	?	?	?	?	?

	Disagree strongly	Disagree quite a lot	Disagree quite little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
If I were to try a new treatment for constipation, I would rather not have to immediately give up using laxative drugs	?	?	?	?	?	?	?
Having to prepare laxatives is not inconvenient for me	?	?	?	?	?	?	?
I would much prefer to take an oral pill rather than a liquid treatment to help manage my constipation	?	?	?	?	?	?	?
I am constantly on the look out for new treatments for constipation	?	?	?	?	?	?	?

Q30

Given below are a number of statements related to your attitudes and beliefs about the way you manage your health. There are no right or wrong answers. We are interested only in your opinions. To what extent do you disagree or agree with the following statements?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
I consider myself more knowledgeable than most about my health conditions	?	?	?	?	?	?	?
I do my own research regarding my health condition(s) and treatments	?	?	?	?	?	?	?
I strictly follow the regimens that my doctor(s) prescribe	?	?	?	?	?	?	?
I think it is very important to adapt one's medication regime oneself rather than follow the doctor's instruction	?	?	?	?	?	?	?
I would have appreciated additional help from my doctor or medical professional regarding constipation	?	?	?	?	?	?	?
I like to deal with constipation on my own rather than speak to the doctor about it	?	?	?	?	?	?	?
I wish my doctor would spend more time speaking to me about my constipation problems	?	?	?	?	?	?	?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
I would rather not discuss my constipation with my doctors	?	?	?	?	?	?	?

This section asks about your personal characteristics and circumstances, and your health.

Q34

Are you male or female?

- Male Female

Q35

Please indicate your employment status:

- Working full-time Student or in full-time training
 Working part-time Retired
 Self-employed Semi retired
 Unemployed

Q36

To what extent does your work require extensive physical activity (e.g. extensive walking, travelling)?

1	2	3	4	5	6	7
Not at all			A moderate amount			A great deal
?	?	?	?	?	?	?

Q36b

How long, on average, does your regular commute to work take?

- Less than 15 minutes One hour or more but less than 90 minutes
 15 minutes but less than 30 minutes 90 minutes or more but less than two hours
 30 minutes or more but less than one hour Two hours or more

Q37

What is your total household income (£)? Your household income includes the total income of all of the people who you live with.

- 0-9,999 70,000-84,999
 10,000-24,999 85,000-99,999
 25,000-39,999 100,000 or more
 40,000-54,999 Prefer not to say
 55,000-69,999

Q38

Which of the following best represents your relationship status?

- Single (i.e. not currently in a relationship rather than legal status) Separated
 In a relationship Divorced
 Civil Partnership Widowed
 Married Prefer not to say

Q39

Do you have any children?

- Yes
- No

Q40

Are your children still at home or independent?

- Under 18 and still at home
- Adult children still at home
- Mix of independent and still at home
- Independent

Q41

In a typical week, how many hours per day do you spend reading/listening/watching the following...?

	Not at all	Less than an hour	1-2 hours	3-5 hours	6-10 hours	More than 10 hours
TV	?	?	?	?	?	?
Radio	?	?	?	?	?	?
Magazines	?	?	?	?	?	?
Newspapers	?	?	?	?	?	?
Internet	?	?	?	?	?	?

Q41a

At what time of day do you typically watch TV?

Select all that apply

- Morning
- Afternoon
- Evening/ night

Q41b

How do you typically watch TV?

Select all that apply

- Live (as it happens)
- Catch-up (via a set top Box)
- Online via TV channel website

Q41c

What technology do you typically use to watch TV?

Select all that apply

- A regular TV set
- A laptop computer
- An ipad or tablet
- A desktop computer
- A smartphone

Q41d

Which of the following newspapers do you read on a regular basis (e.g. at least once per week)?

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> The Guardian | <input type="checkbox"/> The Daily Express |
| <input type="checkbox"/> The Times | <input type="checkbox"/> The Sun |
| <input type="checkbox"/> The Daily Telegraph | <input type="checkbox"/> The Daily Mirror |
| <input type="checkbox"/> The Financial Times | <input type="checkbox"/> The Daily Star |
| <input type="checkbox"/> The i (concise newspaper) | <input type="checkbox"/> The Daily Record |
| <input type="checkbox"/> Metro | <input type="checkbox"/> Evening Standard |
| <input type="checkbox"/> The Daily Mail | <input type="checkbox"/> Other (please specify)_____ |

Q42

Which of the following social networking platforms and sites do you use on a regular basis?

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Copains d'Avant | <input type="checkbox"/> WhatsApp |
| <input type="checkbox"/> Tuenti | <input type="checkbox"/> Google+ |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Snapchat |
| <input type="checkbox"/> Viadeo | <input type="checkbox"/> Other (please specify)_____ |
| <input type="checkbox"/> XING | <input type="radio"/> None of these |
| <input type="checkbox"/> Twitter | |

Q43

Where do you get information and advice regarding health issues/concerns?

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Healthcare professionals (including doctors and nurses) | <input type="checkbox"/> Television |
| <input type="checkbox"/> Your partner | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other family member(s) | <input type="checkbox"/> Online search engines like Google |
| <input type="checkbox"/> My friend(s) | <input type="checkbox"/> Online health forums |
| <input type="checkbox"/> Leaflets in my doctor's surgery | <input type="checkbox"/> Online blogs |
| <input type="checkbox"/> Library / books / literature | <input type="checkbox"/> Other online sources |
| <input type="checkbox"/> Newspaper/ Magazines | <input type="radio"/> None of the these |

Q44

Please indicate which, if any, of the following conditions you have?

Select as many as apply

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Thyroid disturbance | <input type="checkbox"/> Arthritis/ Rheumatism |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Respiratory diseases (e.g. asthma, COPD, emphysema, chronic bronchitis) |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Spinal injury | <input type="radio"/> None of the above |
| <input type="checkbox"/> Anxiety | <input type="radio"/> Prefer not to say |
| <input type="checkbox"/> Depression | |

Q45

Do you have a full-time carer?

- Yes
- No

Q46

To what extent does your carer help you to manage your constipation?

	1 Not at all	2	3	4 A moderate amount	5	6	7 A great deal
	?	?	?	?	?	?	?

Q47

To what extent do you see yourself as:

	1 Not at all	2	3	4 A moderate amount	5	6	7 A great deal
Extraverted, enthusiastic	?	?	?	?	?	?	?
Critical, quarrelsome	?	?	?	?	?	?	?
Dependable, self-disciplined	?	?	?	?	?	?	?
Anxious, easily upset	?	?	?	?	?	?	?
Open to new experiences, complex	?	?	?	?	?	?	?
Reserved, quiet	?	?	?	?	?	?	?
Sympathetic, warm	?	?	?	?	?	?	?
Disorganized, careless	?	?	?	?	?	?	?
Calm, emotionally stable	?	?	?	?	?	?	?
Conventional, uncreative	?	?	?	?	?	?	?

Q48

Which of the following options best describes the effect of your chronic pain on your daily life?

Select one option only.

- I am fully active just like I was before the onset of chronic pain
- I'm restricted in physically strenuous activity but can walk around, and able to carry out work of a light or sedentary nature, e.g., light house work, office work
- I can walk around, and am capable of taking care of myself. I am unable to carry out any work activities, and be up and about more than 50% of waking hours
- I am completely disabled. I cannot look after myself and I am confined to a bed or chair all of the time.

Q49

Which of the following activities do you do to help distract you from your pain, or to cope better with it?

Select all that apply.

- Watching TV programmes
- Meeting friends and family socially
- Connecting with friends on social networks (e.g., Whatsapp, Facebook)
- Connecting with other people who are suffering from similar health conditions either in person or through social networks
- Practising an art (e.g., drawing, photography, singing, playing an instrument)
- Playing a sport (football, tennis, etc.)
- Playing an indoor game
- Watching movies
- Watching sports events
- Do research and learn new things (e.g., learn a new language, take an online course)
- Doing cardiovascular exercises (running, aerobics, etc.)
- Doing mind-body exercises (e.g., Yoga, Tai-Chi, Alexander Technique)
- Physiotherapy

- Going for walks
- Spending time with nature
- Going to watch music events
- Going to the museum
- Doing shopping
- Writing about my experience (e.g., writing a blog or a diary)
- Meeting a counsellor, a mentor or a coach
- None of these

Appendix 2. Weak-opioid use questionnaire

Are you ...

1. Male 2. Female

How old are you?

Age

- | | |
|------------|------------|
| 1. 16 - 24 | 4. 45 - 54 |
| 2. 25 - 34 | 5. 55 - 64 |
| 3. 35 - 44 | 6. 65+ |

In which region do you live?

IF Country=1 (UK)

- | | |
|-------------------------------|----------------------|
| 1. North East | 8. South East |
| 2. North West | 9. South West |
| 3. Yorkshire & the Humberside | 10. Wales |
| 4. East Midlands | 11. Scotland |
| 5. West Midlands | 12. Northern Ireland |
| 6. East of England | 13. Channel Islands |
| 7. London - inside M25 | |

IF Country=5 (GERMANY)

- | | |
|---------------------------|-------------------------|
| 1. Baden-Württemberg | 9. Niedersachsen |
| 2. Bayern | 10. Nordrhein-Westfalen |
| 3. Berlin | 11. Rheinland-Pfalz |
| 4. Brandenburg | 12. Saarland |
| 5. Bremen | 13. Sachsen |
| 6. Hamburg | 14. Sachsen-Anhalt |
| 7. Hessen | 15. Schleswig-Holstein |
| 8. Mecklenburg-Vorpommern | 16. Thüringen |

IF Country=6 (SPAIN)

- | | |
|--------------------|------------------------|
| 1. Navarra | 11. Ceuta |
| 2. Aragón | 12. Com. Madrid |
| 3. Cataluña | 13. Cantabria |
| 4. Baleares, Islas | 14. Asturias |
| 5. Com. Valenciana | 15. Rioja, La |
| 6. Reg. Murcia | 16. Euskadi |
| 7. Andalucía | 17. Galicia |
| 8. Canarias, Islas | 18. Castilla La Mancha |
| 9. Melilla | 19. Castilla y León |
| 10. Extremadura | |

Q1

Do you, or any members of your immediate family, work for any of the following industries?

- 1= Advertising
- 2 =Market research
- 3= PR or marketing industry
- 4= Healthcare or medical industry
- 5= Manufacture or sale of pharmaceutical products
- 99= None of these

For the next question we'd like to understand a bit about your general health.

Q3a

Which, if any, of these do you ever suffer from?

1	Any type of pain (please consider all pains from something mild, like a headache, to something more chronic, such as pain caused by arthritis or cancer)
2	Insomnia
3	Problems with your sight
4	Vertigo/dizziness
5	Problems with your digestive system, such as IBS
99	None of these

Q3

Which, if any, of the following chronic pain conditions do you suffer from?

- | | |
|---|-----------------------------|
| 1=Chronic back pain | 13=Pain relating to cancer |
| 2=Rheumatoid Arthritis | 14=Shoulder pain/ stiffness |
| 3=Osteoarthritis | 15=Neck pain |
| 4=Psoriatic Arthritis | 16=Hip/ pelvic pain |
| 5=Joint pain | 17=Carpal tunnel syndrome |
| 6=Fibromyalgia | 18=Dental pain |
| 7=Neuropathic pain relating to diabetes | 19=Tendonitis |
| 8=Neuropathic pain not relating to diabetes | 20=Broken bones |
| 9=Post herpetic neuralgia | 21=Menstrual pain |
| 10=Non Herpetic neuralgia | 22=Plantar fasciitis |
| 11=Migraine | 23=Sprains or strains |
| 12=Headache | 98=Other pain condition |
| | 96=Prefer not to say |
| | 99=None of these |

Q4

Which of these pain conditions cause you the most severe pain i.e., the one for which you need the strongest pain treatment?

Q5

When did you first begin to experience chronic pain relating to _____?

- 1=In the last 3 months
- 2=More than 3 months, but less than one year ago
- 3=1 year or more, but less than 3 years
- 4=3 years or more, but less than 5 years
- 5=5 years or more, but less than 10 years
- 6=10 years or more

Thanks for your response so far. We would now like to understand a bit more about the pain that you experience and the treatments that you use.

Given below is a list of opioid drugs that people take for pain relief.

Could you please select the ones that you are currently taking

Q6a2

Could you please select the ones that you have tried before, but are not currently taking

Q6b

Which if these drugs do you rely on the most for pain relief (i.e. select the one you use most routinely to help manage your pain)? Select one drug from the list

You mentioned above that you are currently taking _____ for pain relief. Drugs like these are part of the opioid family - that is, they are medications derived from opium that help relieve pain. For the rest of the study when we refer to 'opioids' we would like you to think only about these specific types of medication (ie drugs like _____), rather than other treatments you might take.

Q7a

Taking opioids drugs can have various side-effects. Which of the following, if at all, have you ever suffered from?

1	Nausea
2	Dizziness
3	Vomiting
4	Constipation (infrequent bowel movements causing pain/discomfort in your bowels)
5	Sedation
6	Physical dependence
7	Tolerance
8	Respiratory depression
99	None of these

Q7

Now I would like to ask you a few questions about your digestive health e.g., pain or discomfort related to your stomach or bowels. Let us start with your bowel movements.

Over the past ONE week, on how many days did you have bowel movements?

- 1=Every day
- 2=Almost every day (5-6 days)
- 3=Every other day (3-4 days)
- 4=2 days over the past 7 days
- 5=1 day over the past 7 days
- 6= I did not move my bowels at all over the past 7 days

Q8

To what extent is moving your bowels bothersome for you e.g. because you cannot use the toilet as often as you would like, or because you experience pain, discomfort, or difficulties with daily activities?

- 1=Not at all
- 2=A little
- 3=A moderate amount
- 4=Quite a lot
- 5=A great deal

Q8b

Which of these have you ever done to help with infrequent/painful/difficult bowel movements?

1	Taken laxatives
2	Made changes to your diet (eg introducing more fibre)
3	Increased the amount of caffeine you drink
4	Made other changes to your lifestyle, such as increasing the amount of exercise you do
5	Used a suppository or enema (a solid or liquid preparation inserted into the rectum)
98	Other (specify)
99	None of the above (either have not experienced an issue with bowel movement or haven't taken any of the above courses of action)

Q9c

Are you currently taking laxatives?

1	Yes
2	No

Q10

How dissatisfied or satisfied are you with _____ the laxatives you are currently taking in terms of how much it helps you to improve your bowel movements (e.g., increasing regularity, relieving pain or discomfort)?

1=Very dissatisfied

2=Somewhat dissatisfied

3=Neither dissatisfied or satisfied

4=Somewhat satisfied

5=Very satisfied

Thank you very much for taking the time to look at this short survey about chronic pain and your health in general. The aim of the study is to learn about your health, and not to advertise or promote any particular treatments or services. The survey is being conducted by Insight Dojo, an independent research company based in the UK, and is being sponsored by a pharmaceutical company.

The research is entirely confidential, meaning that no individual data will be passed on to the pharmaceutical company that is sponsoring the study.

Please be completely honest in your responses. Based on our knowledge of likely patterns within the _____ data, it will be easy to detect any dishonest or misleading responses.

Now we will ask you further details about your chronic pain, opioid drugs and digestive health.

Often, we will use the term of constipation to describe difficulties in bowel movements such as irregular movements, discomfort or pain.

Q12g

You mentioned earlier that the treatment you take most often to help with your pain is _____. Which form do you currently take this in?

1	A tablet/capsule/caplet (not effervescent or soluble)
2	An effervescent or soluble tablet/capsule/caplet
3	A liquid
4	An injection
5	A patch
6	A powder
98	Other (specify)

Q12h

How often do you take this treatment?

1	More than once a day
2	Every day (but only once)
3	Almost every day
4	About 3 or 4 times a week
5	About 1 or 2 times a week
6	Less than once a week but more than once a month
7	About once a month
8	Less often

Q13

Now, I would like you to think back to when you were first prescribed opioid drugs. When I say opioid drugs, I mean the drugs we have shown you before. [Click here for a reminder.](#)

Roughly, how long ago were you first prescribed opioid drugs? Please choose one option only.

- | | |
|--|---|
| 1=In the last 3 months | 4=3 years or more, but less than 5 years |
| 2=More than 3 months, but less than one year ago | 5=5 years or more, but less than 10 years |
| 3=1 year or more, but less than 3 years | 6=10 years or more |

Q14a

Thinking back to the time before you started taking opioid medications:

How was your experience of constipation then?

- | | |
|--------------------------|--------------------------|
| 1=It was much better | 4. It was slightly worse |
| 2=It was slightly better | 5. It was much worse |
| 3. It was the same | |

Q14b

Could you roughly tell us how many days in a week did you have bowel movements before you started taking opioid medications?

- | | |
|-------------------------------|--------------------------|
| 1=Every day | 4=2 days per week |
| 2=Almost every day (5-6 days) | 5=1 day per week or less |
| 3=Every other day (3-4 days) | |

Q15

Thinking about the first time you were prescribed an opioid drug, which of the following medical professionals first prescribed an opioid drug to you?

Please choose one option only

- | | |
|------------------|--------------------------|
| 1=GP | 8=Nurse specialist |
| 2=Anaesthetist | 9=Pain specialist doctor |
| 3=Neurologist | 10=Pharmacist |
| 4=Rheumatologist | 11=Internist |
| 5=Psychiatrist | 98=Other |
| 6=Orthopaedist | |
| 7=Oncologist | |

Q16a

Now I would like you to think back to the conversation that you had with the doctor. Which, if any, of the following did your doctor (or other medical professional) do when prescribing the opioid drug to you for the first time?

Select all that apply

1. Warned me about drowsiness as a potential side effect of the opioid drug
2. Warned me about nausea and/or vomiting as a potential side effect of the opioid drug

- 3. Warned me about constipation as a potential side effect of the opioid drug
- 99. Did none of these
- 96. I don't remember

Q16b

And once the doctor had warned you about constipation as a potential side effect, which of the following did your doctor suggest?

Select all that apply

- 1. Suggested that I change my diet or lifestyle (e.g. by eating more fibre or exercising more often) to avoid constipation
- 2. Prescribed me a laxative drug to avoid constipation
- 3. Recommended a specific treatment I could try - such as a laxative - but did not physically write a prescription
- 99. Neither of the above – they just warned me that it might be a side effect, but did not make any recommendations

Q16c

Have you had any subsequent conversations with your doctor (after the first time you were prescribed opioids) about constipation?

1	Yes – the doctor has brought it up /asked me about the symptoms on subsequent visits
2	Yes - I have brought up the topic on subsequent visits
3	No – we have not spoken about it since

Q16d

You mentioned that you have never spoken to your doctor about your constipation symptoms. Why is this?

Please select all that apply

1	I feel too embarrassed to bring the topic up with my doctor
2	I don't feel my constipation symptoms are severe enough to warrant a discussion
3	I don't want to distract my doctor from helping me with pain relief
4	I get the advice I need elsewhere (eg by browsing the internet, talking to friends etc)
5	I don't think the doctor will be able to help me so I don't bother bringing it up
6	I feel confident managing the condition myself
7	Other (please specify)

Q16e

Have you subsequently been prescribed a laxative for your opioid induced constipation symptoms?

1	Yes
2	No

Q17

Which of the following medical professionals is primarily responsible for repeat prescription of your opioid medications?

Please select one option only

- | | |
|------------------|--------------------------|
| 1=GP | 6=Orthopaedist |
| 2=Anaesthetist | 7=Oncologist |
| 3=Neurologist | 8=Nurse specialist |
| 4=Rheumatologist | 9=Pain specialist doctor |
| 5=Psychiatrist | 10=Pharmacist |

11=Internist

98=Other

Q18

Whom do you look to for help with managing constipation?

Select all that apply

1=GP
2=Anaesthetist
3=Neurologist
4=Rheumatologist
5=Psychiatrist
6=Orthopaedist
7=Oncologist
8=Nurse specialist
9=Pain specialist doctor
10=Pharmacist

11=Internist
12=Members of my family
13=My friends
14=Other constipation sufferers
15=I do not look for help, I manage constipation myself
98=Other

Q19a

**Thinking about your opioid drug usage over the years:
How has your opioid drug usage changed, if at all?**

1=It has increased a lot
2=It has increased slightly
3=It has been the same

4=It has decreased slightly
5=it has decreased a lot

Q19b

Thinking back to the last time when there was an increase in your total dosage of opioid drugs, what was the effect on your constipation?

1=My constipation became much better
2=My constipation became slightly better
3=My constipation remained the same
4=My constipation became slightly worse
5=My constipation became much worse

Q20

Thinking about the future, how do you expect your opioid drug usage to change?

1=I expect it to increase a lot
2=I expect it to increase slightly
3=I expect it to be the same as now
4=I expect it to decrease slightly
5=I expect it to decrease a lot

Q21a

**Thinking about your opioid drug usage over the years:
Has there been a change in the specific opioid drug you were taking?**

1=Yes

2=No

Q21b

The last time there was a change in the opioids, what was the effect on constipation?

1=My constipation became much better
2=My constipation became slightly better
3=My constipation remained the same
4=My constipation became slightly worse
5=My constipation became much worse

This section asks about your experience of constipation, and measures that you have taken to help with this.

Q22

How much do you disagree or agree that the following caused you discomfort over the past TWO weeks?

RATING:

Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
1	2	3	4	5	6	7

STATEMENTS

1. Not being able to have bowel movements as often as I would like to
2. Incomplete bowel movement, like you didn't "empty" yourself
3. Passing of stools that were too hard or lumpy
4. Straining to try to pass stools
5. Sensation of a blockage or obstruction in your bowel movements
6. Bloating in your abdomen
7. Stomach cramps
8. Rectal burning (during or after a bowel movement)
9. Hemorrhoids (also known as 'piles')
10. Other (non-Hemorrhoidal) rectal bleeding
11. Nausea
12. Vomiting

Q23

Over the past TWO weeks, to what extent did your constipation symptoms cause you to feel each of the following:

RATING:

Not at all			A moderate amount			A great deal
1	2	3	4	5	6	7

STATEMENTS

- | | |
|---------------|--|
| 1. Disgusted | 5. Dependant and "not free" |
| 2. Frustrated | 6. Obsessed i.e. not being able to get it out of your mind |
| 3. Helpless | 7. Anxious or worried |
| 4. Depressed | |

Q24

Over the past TWO weeks, to what extent did your constipation symptoms cause you to do each of the following:

RATING:

Not at all			A moderate amount			A great deal
1	2	3	4	5	6	7

STATEMENTS

1. Spend excessive time in the bathroom
2. Have difficulty socialising
3. Have difficulty working (including both paid work, and household chores)
4. Have difficulty pursuing hobbies
5. Have difficulty being intimate with others
6. Have difficulty following your normal routine
7. Have difficulty taking your opioid drugs as normal

Q25a

Given below are a number of approaches that people use to relieve constipation.

Which of these approaches do you use on a regular basis, if any? There are no right or wrong answers.

1.	Used a single laxative treatment on its own
2.	Combined multiple laxative treatments
3.	Rotated among different opioid drug treatments
4.	Decreased the dose or frequency of your opioid drug treatment(s)
5.	Skipped a dose of your opioid drug treatment(s)
6.	Skipped several doses of your opioid drug treatment(s)
7.	Used an alternative (non-opioid) painkiller
8.	Used manual methods (e.g. using your fingers) to support evacuation
9.	Drank more water, juice, or other fluids
10.	Eaten less, or been careful about what you ate
11.	Obtained additional fibre through your diet (e.g. by eating more fruit, vegetables, or cereal)?
12.	Taken a fibre supplement product (e.g. Fybogel, or a psyllium or methylcellulose product)
13.	Exercised more often
14.	Had colonic hydrotherapy (also known as 'irrigation')
15.	Used a suppository or enema (a solid or liquid preparation inserted into the rectum)
16.	Used relaxation techniques (e.g. deep breathing, meditation)
17.	An approach I devised myself to deal with constipation

Q25b

Now think back to the last time you experienced severe constipation. Which of the following approaches did you use to manage your constipation then?

1.	Used a single laxative treatment on its own
2.	Combined multiple laxative treatments
3.	Rotated among different opioid drug treatments
4.	Decreased the dose or frequency of your opioid drug treatment(s)
5.	Skipped a dose of your opioid drug treatment(s)
6.	Skipped several doses of your opioid drug treatment(s)
7.	Used an alternative (non-opioid) painkiller
8.	Used manual methods (e.g. using your fingers) to support evacuation
9.	Drank more water, juice, or other fluids
10.	Eaten less, or been careful about what you ate
11.	Obtained additional fibre through your diet (e.g. by eating more fruit, vegetables, or cereal)?
12.	Taken a fibre supplement product (e.g. Fybogel, or a psyllium or methylcellulose product)
13.	Exercised more often
14.	Had colonic hydrotherapy (also known as 'irrigation')
15.	Used a suppository or enema (a solid or liquid preparation inserted into the rectum)
16.	Used relaxation techniques (e.g. deep breathing, meditation)
17.	An approach I devised myself to deal with constipation

This section asks for further information about the constipation treatments (laxative drugs) that you currently use most often.

Q9a

Given below is a list of treatments that people typically take to help with their bowel movements.

Could you please select the ones that you are *currently taking*?

- 99** I do not take any treatments to help with my bowel movements
- | | | |
|---------------------------------------|--|--|
| <input type="radio"/> Bisacodyl | <input type="radio"/> Movicol | <input type="radio"/> LactuloseLactulosa |
| <input type="radio"/> Capsuvac | <input type="radio"/> Movicol-half | <input type="radio"/> LaxonolLactulose |
| <input type="radio"/> Celevac | <input type="radio"/> Norgalax | <input type="radio"/> MicrolaxLaxonol |
| <input type="radio"/> Co-Danthramer | <input type="radio"/> Norgalax Micro-enema | <input type="radio"/> MovicolMicrolax |
| <input type="radio"/> Co-Danthrusate | <input type="radio"/> Phospho-Soda | <input type="radio"/> PicosalaxMovicol |
| <input type="radio"/> Constella | <input type="radio"/> Regulose | <input type="radio"/> PlantabenPicosalax |
| <input type="radio"/> Dioctyl | <input type="radio"/> Resolor | <input type="radio"/> ResolorPlantaben |
| <input type="radio"/> Docusol | <input type="radio"/> Senna | <input type="radio"/> SennaResolor |
| <input type="radio"/> Dulcolax Perles | <input type="radio"/> Senokot | <input type="radio"/> Senna |
| <input type="radio"/> Dulcolax | <input type="radio"/> Sodium Picosulfate | <input type="radio"/> Agiolax |
| <input type="radio"/> Duphalac | <input type="radio"/> Strong Co-Danthramer | <input type="radio"/> Arkogelules Sene |
| <input type="radio"/> Galulose | <input type="radio"/> Adulax | <input type="radio"/> Auxitrans |
| <input type="radio"/> Lactulose | <input type="radio"/> Belmalax | <input type="radio"/> Bebegel |
| <input type="radio"/> Lactugal | <input type="radio"/> Constella | <input type="radio"/> Boldoflorine |
| <input type="radio"/> Lactulose | <input type="radio"/> Dulcolax | <input type="radio"/> Chlorumacene |
| <input type="radio"/> Laevolac | <input type="radio"/> Duphalac | <input type="radio"/> Dragees |
| <input type="radio"/> Lecicarbon A | <input type="radio"/> EvacuolEnema Casen | <input type="radio"/> Dulcolax |
| <input type="radio"/> Lecicarbon C | <input type="radio"/> Fave de fucaEvacuol | <input type="radio"/> Duphalac |
| <input type="radio"/> Manevac | <input type="radio"/> GutalaxFave de fuca | |
| <input type="radio"/> Micolette | <input type="radio"/> LactulosaGutalax | |

Q9b

Which of these treatments do you rely on the most to help with your bowel movements (i.e. select the one you use most routinely to help with bowel movements)? Select one drug from the list

- | | | |
|--|---|---|
| <input type="checkbox"/> Bisacodyl | <input type="checkbox"/> Movicol | <input type="checkbox"/> LactuloseLactulosa |
| <input type="checkbox"/> Capsuvac | <input type="checkbox"/> Movicol-half | <input type="checkbox"/> LaxonolLactulose |
| <input type="checkbox"/> Celevac | <input type="checkbox"/> Norgalax | <input type="checkbox"/> MicrolaxLaxonol |
| <input type="checkbox"/> Co-Danthramer | <input type="checkbox"/> Norgalax Micro-enema | <input type="checkbox"/> MovicolMicrolax |
| <input type="checkbox"/> Co-Danthrusate | <input type="checkbox"/> Phospho-Soda | <input type="checkbox"/> PicosalaxMovicol |
| <input type="checkbox"/> Constella | <input type="checkbox"/> Regulose | <input type="checkbox"/> PlantabenPicosalax |
| <input type="checkbox"/> Dioctyl | <input type="checkbox"/> Resolor | <input type="checkbox"/> ResolorPlantaben |
| <input type="checkbox"/> Docusol | <input type="checkbox"/> Senna | <input type="checkbox"/> SennaResolor |
| <input type="checkbox"/> Dulcolax Perles | <input type="checkbox"/> Senokot | <input type="checkbox"/> Senna |
| <input type="checkbox"/> Dulcolax | <input type="checkbox"/> Sodium Picosulfate | <input type="checkbox"/> Agiolax |
| <input type="checkbox"/> Duphalac | <input type="checkbox"/> Strong Co-Danthramer | <input type="checkbox"/> Arkogelules Sene |
| <input type="checkbox"/> Galulose | <input type="checkbox"/> Adulax | <input type="checkbox"/> Auxitrans |
| <input type="checkbox"/> Lactulose | <input type="checkbox"/> Belmalax | <input type="checkbox"/> Bebegel |
| <input type="checkbox"/> Lactugal | <input type="checkbox"/> Constella | <input type="checkbox"/> Boldoflorine |
| <input type="checkbox"/> Lactulose | <input type="checkbox"/> Dulcolax | <input type="checkbox"/> Chlorumacene |
| <input type="checkbox"/> Laevolac | <input type="checkbox"/> Duphalac | <input type="checkbox"/> Dragees |
| <input type="checkbox"/> Lecicarbon A | <input type="checkbox"/> EvacuolEnema Casen | <input type="checkbox"/> Dulcolax |
| <input type="checkbox"/> Lecicarbon C | <input type="checkbox"/> Fave de fucaEvacuol | <input type="checkbox"/> Duphalac |
| <input type="checkbox"/> Manevac | <input type="checkbox"/> GutalaxFave de fuca | |
| <input type="checkbox"/> Micolette | <input type="checkbox"/> LactulosaGutalax | |

Q26

To what extent do you disagree or agree with the following statements regarding the laxative drug, _____?

RATING

Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
1	2	3	4	5	6	7

STATEMENTS

1. Taking everything into consideration, I am very satisfied with the laxative drug
2. It allows me to move my bowels more easily
3. It relieves any pain I experience in moving my bowels
4. It has no inconvenient or problematic side effects
5. It is easy to prepare and administer
6. It is discreet and easy to carry around
7. It works rapidly to control my constipation symptoms
8. It is affordable
9. It works predictably
10. It represents good value for money
11. It is available on the National Health Service – or the cost is reimbursed

This section asks about your attitudes on a variety of issues relating to opioid drugs, constipation, and your health in general.

Q27

Given below are a number of statements related to your attitudes and beliefs about pain and opioids. There are no right or wrong answers. We are interested only in your opinions. To what extent do you disagree or agree with the following statements?

RATING:

Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
1	2	3	4	5	6	7

STATEMENTS

1. I feel really overwhelmed by my pain
2. I am the type of person who likes to get on with my life despite my pain
3. I would rather suffer a little from pain rather than take pain medications
4. My opioid drugs have allowed me to live a fuller life
5. I find it difficult to cope without my opioid drugs
6. I don't like my opioid drugs and have them only if it is absolutely necessary
7. I believe my health will improve and I will be able to discontinue my opioid drugs in the future
8. I often feel guilty when I take opioid drugs
9. I think doctors must be more careful than they are while prescribing opioid drugs
10. I feel that pharmaceutical companies that manufacture opioid drugs are really improving the lives of patients
11. My experience of pain has helped me realise what is truly important
12. Because of my pain I no longer take people or things for granted
13. My experience of pain has helped me appreciate the value of living everyday to the full
14. My experience of pain has made me question who I am as a person
15. I wish I could keep using my opioid pain medication without having the constipation side effects
16. While opioid drugs relieve pain, the side effects make it difficult to do daily activities
17. I hate having to balance getting pain relief with constipation side effects
18. I am unable to control my pain properly because of the constipation side effects
19. I have a group of supportive people who make it easier to cope with pain
20. People suffering from pain and other health conditions frequently reach out to me for support

Q28

Given below are a number of statements related to your attitudes and beliefs about constipation, stomach health, and its impact on your life. There are no right or wrong answers. We are interested only in your opinions.

To what extent do you disagree or agree with the following statements?

RATING:

Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
1	2	3	4	5	6	7

STATEMENTS

1. I feel upset if I cannot move my bowels every day
2. My constipation is awful and overwhelms me
3. At the back of my mind, I'm always thinking of constipation
4. After pain, constipation is one of my most bothersome problems
5. I often cut down my opioid medication to relieve my constipation

6. I would prefer not to reduce my opioid medication to relieve my constipation
7. I often worry that my bowels will lose their ability to function normally
8. Constipation prevents me from doing things that I really want
9. I take extreme measures to get relief from constipation that might not be good for me in other ways
10. Often constipation gets so bad, that I have to combine many different treatments
11. It bothers me that I spend so much time in the bathroom because of my constipation
12. Often I am afraid that I will fall in the bathroom and injure myself

Q29

Given below are a number of statements related to your attitudes and beliefs about treatments that you use for constipation. There are no right or wrong answers. We are interested only in your opinions.

To what extent do you disagree or agree with the following statements?

RATING:

Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
1	2	3	4	5	6	7

STATEMENTS

1. I would much prefer to take natural (non pharmaceutical) treatments for my constipation
2. I would much prefer to change my diet, or some other aspect of my lifestyle, rather than taking pharmaceutical treatments for constipation
3. I would much rather take a constipation treatment as and when the need arises rather than take it continuously
4. I would much prefer a constipation treatment that I could use continuously, over the long term, as opposed to one that could only be taken when required
5. For me, it is very important that a constipation treatment works fast
6. For me, it is very important that a constipation treatment works predictably and not at random
7. For me, it is very important that a constipation treatment can be taken at any time of the day
8. For me, it is very important that I can take my constipation treatment with or without food
9. For me, it is very important that my constipation treatment does not affect the pain relief that I get from my opioid drugs
10. For me, it is very important that my constipation treatment does not affect the way that I take my opioid drugs (e.g. the timing, the dosage of my opioids)
11. For me, it is very important that a constipation treatment has no bad side effects
12. If I were to try a new treatment for constipation, I would rather not have to immediately give up using laxative drugs
13. Having to prepare laxatives is not inconvenient for me
14. I would much prefer to take an oral pill rather than a liquid treatment to help manage my constipation
15. I am constantly on the look out for new treatments for constipation

Q30

Given below are a number of statements related to your attitudes and beliefs about the way you manage your health. There are no right or wrong answers. We are interested only in your opinions. To what extent do you disagree or agree with the following statements?

RATING:

Disagree strongly	Disagree quite a lot		Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
1	2		3	4	5	6	7

STATEMENTS

1. I consider myself more knowledgeable than most about my health conditions
2. I do my own research regarding my health condition(s) and treatments
3. I strictly follow the regimens that my doctor(s) prescribe
4. I think it is very important to adapt one's medication regime oneself rather than follow the doctor's instruction
5. I would have appreciated additional help from my doctor or medical professional regarding constipation
6. I like to deal with constipation on my own rather than speak to the doctor about it
7. I wish my doctor would spend more time speaking to me about my constipation problems
8. I would rather not discuss my constipation with my doctors

This section asks about your personal characteristics and circumstances, and your health.

Q35

Please indicate your employment status:

- | | |
|---------------------|---------------------------|
| 1=Working full-time | 5=Student or in full-time |
| 2=Working part-time | training |
| 3=Self-employed | 6=Retired |
| 4=Unemployed | 7=Semi retired |

Q36

To what extent does your work require extensive physical activity (e.g. extensive walking, travelling)?

Not at all			A moderate amount			A great deal
1	2	3	4	5	6	7

Q36b

How long, on average, does your regular commute to work take?

- | | |
|---|--|
| 1=Less than 15 minutes | 4=More than one hour but less than 90 minutes |
| 2=More than 15 minutes but less than 30 minutes | 5=More than 90 minutes but less than two hours |
| 3=More than 30 minutes but less than one hour | 6=More than two hours |

Q37

What is your total household income (£)? *Your household includes all of the people who you live with.*

- | | |
|-----------------|------------------------|
| 1=0-9,999 | 6=70,000-84,999 |
| 2=10,000-24,999 | 7=85,000-99,999 |
| 3=25,000-39,999 | 8=100,000 or more |
| 4=40,000-54,999 | 96 - Prefer not to say |
| 5=55,000-69,999 | |

Q38

Which of the following best represents your relationship status?

- | | |
|--|------------------------|
| 1=Single (i.e. not currently in a relationship rather than legal status) | 4=Married |
| 2=In a relationship | 5=Separated |
| 3=Civil Partnership | 6=Divorced |
| | 7=Widowed |
| | 96 - Prefer not to say |

Q39

Do you have any children?

- | | |
|-------|------|
| 1=Yes | 2=No |
|-------|------|

Q40**Are your children still at home or independent?**1=Under 18 and still at home
2=Adult children still at home3=Mix of independent and still at home
4=Independent**Q41****In a typical week, how many hours per day do you spend reading/listening/watching the following...?****RATING**1=Not at all
2=Less than an hour
3=1-2 hours4=3-5 hours
5=6-10 hours
6=More than 10 hours**STATEMENTS**

- | | |
|--------------|---------------|
| 1. TV | 4. Newspapers |
| 2. Radio | 5. Internet |
| 3. Magazines | |

Q41a**At what time of day do you typically watch TV? Select all that apply**1=Morning
2=Afternoon

3=Evening/ night

Q41b**How do you typically watch TV? Select all that apply**1=Live (as it happens)
2=Catch-up (via a set top Box)

3=Online via TV channel website

Q41c**What technology do you typically use to watch TV? Select all that apply**1=A regular TV set
2=A laptop computer
3=An ipad or tablet4=A desktop computer
5=A smartphone**Q41d****Which of the following newspapers do you read on a regular basis (e.g. at least once per week)? Select all that apply.****COUNTRY SPECIFIC LIST e.g.**1=The Guardian
2=The Times
3=The Daily Telegraph
4=The Financial Times
5=The i (concise newspaper)
6=Metro
7=The Daily Mail8=The Daily Express
9=The Sun
10=The Daily Mirror
11=The Daily Star
12=The Daily Record
13=Evening Standard
98=Other (please specify)**Q42****Which of the following social networking platforms and sites do you use on a regular basis? Select all that apply**

- | | |
|---|-----------------------------|
| 1. Facebook | 8. Instagram |
| 2. Copains d'Avant SHOW IN FRANCE ONLY | 9. WhatsApp |
| 3. Tuenti SHOW IN SPAIN ONLY | 10. Google+ |
| 4. LinkedIn | 11. Snapchat |
| 5. Viadeo SHOW IN FRANCE ONLY | 98 - other (please specify) |
| 6. XING SHOW IN GERMANY ONLY | 99 - None |
| 7. Twitter | |

Q43**Where do you get information and advice regarding health issues/concerns?** *Select all that apply*

1. Healthcare professionals (including doctors and nurses)
2. Your partner
3. Other family member(s)
4. My friend(s)
5. Leaflets in my doctor's surgery
6. Library / books / literature
7. Newspaper/ Magazines
8. Television
9. Radio
10. Online search engines like Google
11. Online health forums
12. Online blogs
13. Other online sources
99. None of these

Q44**Please indicate which, if any, of the following conditions you have?***Select as many as apply*

- | | |
|------------------------------|--|
| 1=Diabetes | 10=Osteoporosis |
| 2=Diverticulosis | 11=Arthritis/ Rheumatism |
| 3=Thyroid disturbance | 12=Respiratory diseases (e.g. asthma, COPD, emphysema, chronic bronchitis) |
| 4=Stroke | 13=Cancer |
| 5=Multiple Sclerosis | 96=Prefer not to say |
| 6=Back pain or spinal injury | 99=None of the above |
| 7=Anxiety | |
| 8=Depression | |
| 9=Heart Disease | |

Q45**Do you have a full-time carer?**

- 1=Yes
- 2=No

Q46**To what extent does your carer help you to manage your constipation?**

Not at all			A moderate amount			A great deal
1	2	3	4	5	6	7

Q47**To what extent do you see yourself as:****RATING**

Not at all			A moderate amount			A great deal
1	2	3	4	5	6	7

STATEMENTS

- | | |
|-------------------------------------|------------------------------|
| 1. Extraverted, enthusiastic | 9. Calm, emotionally stable |
| 2. Critical, quarrelsome | 10. Conventional, uncreative |
| 3. Dependable, self-disciplined | |
| 4. Anxious, easily upset | |
| 5. Open to new experiences, complex | |
| 6. Reserved, quiet | |
| 7. Sympathetic, warm | |
| 8. Disorganized, careless | |

Q48

Which of the following options best describes the effect of your chronic pain on your daily life? *Select one option only.*

1. I am fully active just like I was before the onset of chronic pain
2. I'm restricted in physically strenuous activity but can walk around, and able to carry out work of a light or sedentary nature, e.g., light house work, office work
3. I can walk around, and am capable of taking care of myself. I am unable to carry out any work activities, and be up and about more than 50% of waking hours
4. I am completely disabled. I cannot look after myself and I am confined to a bed or chair all of the time.

Q49

Which of the following activities do you do to help distract you from your pain, or to cope better with it? *Select all that apply.*

1. Watching TV programmes
2. Meeting friends and family socially
3. Connecting with friends on social networks (e.g., Whatsapp, Facebook)
4. Connecting with other people who are suffering from similar health conditions either in person or through social networks
5. Practising an art (e.g., drawing, photography, singing, playing an instrument)
6. Playing a sport (football, tennis, etc.)
7. Playing an indoor game
8. Watching movies
9. Watching sports events
10. Do research and learn new things (e.g., learn a new language, take an online course)
11. Doing cardiovascular exercises (running, aerobics, etc.)
12. Doing mind-body exercises (e.g., Yoga, Tai-Chi, Alexander Technique)
13. Physiotherapy
14. Going for walks
15. Spending time with nature
16. Going to watch music events
17. Going to the museum
18. Doing shopping
19. Writing about my experience (e.g., writing a blog or a diary)
20. Meeting a counsellor, a mentor or a coach
99. None of these