Survey instructions.

The purpose of this survey is to reveal your preferences for the attributes (or characteristics) of hip or knee osteoarthritis treatments - e.g. accessibility, cost, effectiveness, duration of the treatment effect, and so on.

Please download and review the attribute definitions sheet (PDF) now. A quick review will make it easier for you to complete the survey.

INSTRUCTIONS

Consider any stage of OA, for example, the early/ mild or advanced/ severe stage of OA in your decisions.

Review the two boxes below and then click on your preferred treatment option, based on **your primary area** of experience or expertise - i.e. consumer, health care provider, health policy-maker, Māori advocate or content area expert.

You'll choose from two treatment options at-a-time. As they are described using treatment attributes and attribute levels, they are hypothetical and do not have names.

Each time you choose an option, the attributes and/or attribute levels will change, but not the question.

Watch this short 1.5-minute instructional video (YouTube) which demonstrates how to complete the survey.

If you consider other attributes in your decision-making, assume they are at an average level AND equal for both treatments - e.g. if you wanted to consider effectiveness in addition to cost and duration, the average level of effectiveness between low and high is 'medium.'

Attributes	Levels (BEST to WORST)
Accessibility	Convenient, Inconvenient
Cost	Low, Medium, High
Duration	Long, Medium, Short
Effectiveness	High, Medium, Low
Quality of the evidence	High, Moderate, Low, Very Low
Risk of mild or moderate side-effects	Low, Moderate, High
Risk of serious harm	Low, Moderate, High
Recommendation	Very Good, Good, Bad, Very Bad

Definitions sheet.

MAKING CHOICES: unravelling the trade-offs between the characteristics of hip and knee osteoarthritis treatment options
Attribute Definitions Sheet

Table of attribute and attribute-level definitions	
Abbreviated attribute name and levels (best to worst)	**Definition (from unpublished data)**
Accessibility: • **Convenient travel or wait time (<1 week):** the treatment can be accessed by the person living with OA in a week or so, regardless of their travel needs. • **Inconvenient travel or wait time (>3 months):** There may be a waiting time of a month or more to receive the treatment; the provider may be inconvenient to reach; or, the treatment may not be accessible at all because of health-system related factors.	The extent to which the treatment or service can be accessed by people with OA. For example, the distance to nearest provider, wait time and, the ability for culturally and linguistically groups or people from diverse sociodemographic background to equally access health care for OA (fairness).
Cost per month OR one-off total: • **Low:** $0-$100 per month OR less than $1500 total. • **Medium:** $100-$1000 per month OR $1500-$15,000 total. • **High:** $1000 or more per month OR $15,000+ total.	Total financial costs relevant to the use or provision of health care for OA - e.g. costs to the health system, out-of-pocket costs to the consumer and, the societal costs of providing health care for OA. Societal costs include tax revenue and lost wages due to time away from work, reduced employment or early retirement.
Duration – how long the treatment effect lasts: • **Long (10 years or longer):** The effects of the treatment are experienced for 10 years or longer - e.g. joint replacement. • **Medium (3-12 months or more):** The effects of the treatment are experienced for several months to a year or more - e.g. physical exercise. • **Short (up to 4-6 hours):** The effects of the treatment are experienced for up to 4-6 hours - e.g. drug therapy.	The length of time the benefits of the treatment last. E.g., the beneficial effects of surgery, if appropriate, may last for 10-15 years after initial healing has occurred, with little ongoing care until 10-15 years have elapsed. In contrast, drug therapy may require frequent dosing every 4 hours to maintain its effect on pain.
Effectiveness – e.g. the improvement in pain or the ability to function. The estimated magnitude of change caused by the intervention: • **High** • **Medium** • **Low**	The ability for the treatment or service to achieve the desired result - e.g. the change in pain and function, caused by the intervention. Effectiveness is different to quality of the evidence because it describes the impact, or how 'big' the change caused by the treatment is, not how likely it is to happen, or how confident you are that it'll happen – this is the 'quality of the evidence'. For example, a highly effective treatment with a very low quality of evidence means that the likelihood, or chance of it actually working is very small and, if it did work, it would have a high/large impact on pain and/or function.

Quality of the evidence – how confident you are that the treatment works: • **High:** Further research is very unlikely to change our confidence in the likely effect of the intervention . • **Moderate:** Further research is likely to have an important impact on our confidence in the likelihood of effect of the intervention and may change the estimate. • **Low:** Further research is very likely to have an important impact on our confidence in the likelihood of effect of the intervention and is likely to change the estimate. • **Very low:** Any estimate of the treatment effect is very uncertain.	The extent to which one can be confident that the effects of the treatment or service described are real. "Evidence" can mean different things to different people, however, there is an accepted hierarchy of how valid each source is. For example, anecdotal claims about the effectiveness of treatment in advertisements, from peers or family members, or from individual treatment providers may not be as convincing as independent health professional advice, rigorous research, peer-reviewed Systematic Reviews, or authoritative Clinical Practice Guidelines. See 'effectiveness' to see how it contrasts from quality of the evidence.
Risk of mild or moderate side-effects - e.g. *temporary* pain, discomfort, nausea, heartburn or stomach pain: • **Low: 1 in 4 chance = 25%** • **Moderate: 2 in 4 chance = 50%** • **High: 3 in 4 chance = 75%**	Treatment side-effects associated with comfort or safety.
Risk of serious harm - e.g. implant failure, drug toxicity, stomach bleeding or ulcer: • **Low: 1 in 500 chance = 0.2%** • **Moderate: 1 in 200 chance = 0.5%** • **High: 1 in 50 chance = 2%**	Treatment side-effects associated with comfort or safety.
Recommendation to use the treatment now: • **Very good:** all or almost all informed people would use the treatment now. • **Good:** most informed people would use the treatment now, *but not all.* • **Bad**: most informed people would try another treatment first, *but not all.* • **Very bad:** all or almost all informed people would try another treatment first.	Providing or using the right treatments or services for early/mild OA. For example, it would not be recommended or appropriate to use powerful drug treatments such as opioids before, say, self-management and education, physical exercise or, less-powerful drug therapies such as paracetamol. '*…but not all*' means that a substantial number of informed people would still choose (or not choose) the treatment.