

Supplemental Material B: Data extraction form

(Revised – December 18, 2024)

Article title / weblink	
1. Tool #1 name	
2. What is in the tool?	
3. In what year was the tool developed? (Write "Can't tell" if the year is unclear)	<input type="checkbox"/> Can't tell
4. For what purpose? (Write "Can't tell" if the purpose is unclear)	<input type="checkbox"/> Can't tell
5. What pain-related information does the tool communicate? (Use "Other" to record: 1) items not in the list, 2) the supporting text from the paper.)	<input type="checkbox"/> Location of pain/pains (e.g. body map) <input type="checkbox"/> Quality/type (e.g., dull, sharp, radiating) <input type="checkbox"/> Frequency/temporal (e.g., continuous, intermittent, during day or night) <input type="checkbox"/> Intensity (e.g., 0-10, smiley faces, very bad-very manageable) <input type="checkbox"/> How pain impacts/affects life (and what aspects or functions of life impacted) (i.e. bad mood so limits social interactions, fatigue so can't work or cook for self; quality of life) <input type="checkbox"/> What increases or decreases pain (ex. certain movements, food, hot/cold) <input type="checkbox"/> Other issues related to pain and pain meds (ex. fatigue, brain fog, GI issues, poor sleep) – please specify: <input type="checkbox"/> Can't tell
6. How is the tool administered? (Write "Can't tell" if unclear)	<input type="checkbox"/> Patient fills out the tool with pen-and-paper independently <input type="checkbox"/> Patients fills out the tool on a digital interface (e.g., website, app) independently <input type="checkbox"/> Someone else (e.g., a health professional) interview the patient <u>in-person</u> and fill out the tool <input type="checkbox"/> Someone else (e.g., a health professional) interview the patient <u>by phone</u> and fill out the tool <input type="checkbox"/> Other – please specify: <input type="checkbox"/> Can't tell
7. Has the tool been evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
If "Yes", what was assessed?	<input type="checkbox"/> Efficacy/effectiveness <input type="checkbox"/> User friendliness <input type="checkbox"/> Internal consistency <input type="checkbox"/> Test-retest reliability <input type="checkbox"/> Construct validity <input type="checkbox"/> Criterion validity <input type="checkbox"/> Discriminant validity <input type="checkbox"/> Convergent validity <input type="checkbox"/> Face validity <input type="checkbox"/> Content validity <input type="checkbox"/> Responsiveness <input type="checkbox"/> Sensitivity <input type="checkbox"/> Specificity <input type="checkbox"/> Other – please specify: <input type="checkbox"/> Can't tell
Definitions	<p>Efficacy/Effectiveness: Does a tool meet the needs/objectives of people with pain conditions?</p> <p>User friendliness: Is the tool easy for people who are not experts to use or understand?</p>

	<p>Construct validity: Does the tool measure the concept that it is intended to measure?</p> <p>Criterion validity: Do the results produced by the tool accurately measure the concrete outcome (e.g. pain intensity) they are designed to measure?</p> <p>Convergent validity: How closely is a tool (a measurement tool) related to other tools that measure the same (or similar) constructs (e.g., something that is not directly observable, such as some aspects of pain)?</p> <p>Discriminant validity: The extent to which a tool (a measurement tool) is not related to other tools that measure different constructs?</p> <p>Face validity: Does the content of the tool appear to be suitable to its aims?</p> <p>Content validity: Is the tool fully representative of what it aims to measure?</p> <p>Internal consistency: Do items that are supposed to measure the same general construct produce similar scores?</p> <p>Test-retest reliability: Does the tool (a measurement tool) produce the same results when it is administered twice over a period of time to a group of individuals?</p> <p>Responsiveness: Can the tool capture change in pain-related health status?</p> <p>Sensitivity: The probability of a positive test result in a person who has the condition. A highly sensitive test has few false negative.</p> <p>Specificity: The probably of a negative test result in a person who does not have the disease. A highly specific test has few false positives.</p>
Tool #2	
What is in the tool?	
In what year was the tool developed?	<input type="checkbox"/> Can't tell
For what purpose?	<input type="checkbox"/> Can't tell
What pain-related information does the tool communicate?	<input type="checkbox"/> Location of pain/pains (e.g. body map) <input type="checkbox"/> Quality/type (e.g., dull, sharp, radiating) <input type="checkbox"/> Frequency/temporal (e.g., continuous, intermittent, during day or night) <input type="checkbox"/> Intensity (e.g., 0-10, smiley faces, very bad-very manageable) <input type="checkbox"/> How pain impacts/affects life (and what aspects or functions of life impacted) (i.e. bad mood so limits social interactions, fatigue so can't work or cook for self; quality of life) <input type="checkbox"/> What increases or decreases pain (ex. certain movements, food, hot/cold) <input type="checkbox"/> Other issues related to pain and pain meds (ex. fatigue, brain fog, GI issues, poor sleep) – please specify: <input type="checkbox"/> Can't tell
How is the tool administered?	<input type="checkbox"/> Patient fills out the tool with pen-and-paper independently <input type="checkbox"/> Patients fills out the tool on a digital interface (e.g., website, app) independently <input type="checkbox"/> Someone else (e.g., a health professional) interview the patient <u>in-person</u> and fill out the tool <input type="checkbox"/> Someone else (e.g., a health professional) interview the patient <u>by phone</u> and fill out the tool <input type="checkbox"/> Other – please specify: <input type="checkbox"/> Can't tell

Has the tool been evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't tell
If "Yes", what was assessed?	<input type="checkbox"/> Efficacy/effectiveness <input type="checkbox"/> User friendliness <input type="checkbox"/> Internal consistency <input type="checkbox"/> Test-retest reliability <input type="checkbox"/> Construct validity <input type="checkbox"/> Criterion validity <input type="checkbox"/> Discriminant validity <input type="checkbox"/> Convergent validity <input type="checkbox"/> Face validity <input type="checkbox"/> Content validity <input type="checkbox"/> Other – please specify: <input type="checkbox"/> Can't tell