



The patient burden of opioid-induced constipation: new insights from a large, multinational survey in 5 European countries

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Abstract:	<p>Background: Despite its high prevalence, opioid-induced constipation (OIC) remains under-recognised and undertreated, and its true impact on patients' wellbeing and quality of life (QoL) may be underestimated.</p> <p>Methods: A quantitative, questionnaire-based international survey was conducted. Results: Weak-opioid users appear to be as bothered by constipation as strong-opioid users, despite it causing less-severe physical symptoms and impact on QoL. Strong-opioid users meeting the new Rome IV criteria for OIC appear to experience greater symptomatic and biopsychosocial burden from constipation than those who did not satisfy these criteria. A substantial proportion of respondents are dissatisfied with their current constipation treatment and find balancing the need for adequate pain relief with constipation side effects challenging. Consequently, many fail to adhere to their prescribed treatment regimens, or resort to using suboptimal strategies, e.g. reducing their opioid intake, to relieve constipation. Many healthcare professionals do not adequately counsel their patients about constipation as a common side effect of opioid use. Conclusions: Findings suggest that both weak- and strong-opioid users suffer comparable bother and decreased QoL, Rome IV criteria can identify patients with more-severe OIC, but may underdiagnose patients showing fewer symptoms, and increased education is needed to manage patients' expectations and enable improved OIC self-management.</p>

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4 **The patient burden of opioid-induced constipation: new insights from a large,**
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6 **multinational survey in 5 European countries**
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38 **Disclosures**
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Abstract

Background: Despite its high prevalence, opioid-induced constipation (OIC) remains under-recognised and undertreated, and its true impact on patients' wellbeing and quality of life (QoL) may be underestimated.

Methods: A quantitative, questionnaire-based international survey was conducted. **Results:** Weak-opioid users appear to be as bothered by constipation as strong-opioid users, despite it causing less-severe physical symptoms and impact on QoL. Strong-opioid users meeting the new Rome IV criteria for OIC appear to experience greater symptomatic and biopsychosocial burden from constipation than those who did not satisfy these criteria. A substantial proportion of respondents are dissatisfied with their current constipation treatment and find balancing the need for adequate pain relief with constipation side effects challenging. Consequently, many fail to adhere to their prescribed treatment regimens, or resort to using suboptimal strategies, *e.g.* reducing their opioid intake, to relieve constipation. Many healthcare professionals do not adequately counsel their patients about constipation as a common side effect of opioid use. **Conclusions:** Findings suggest that both weak- and strong-opioid users suffer comparable bother and decreased QoL, Rome IV criteria can identify patients with more-severe OIC, but may underdiagnose patients showing fewer symptoms, and increased education is needed to manage patients' expectations and enable improved OIC self-management.

Key summary

1. Summarise the established knowledge on this subject

- Although constipation is a common side effect of opioid use, even with the concomitant use of laxatives, opioid-induced constipation (OIC) remains under-recognised and undertreated.
- There is evidence to suggest that the impact of OIC on patients' overall wellbeing and quality of life may be underestimated by healthcare professionals.
- The recently published Rome IV diagnostic criteria for OIC provide a valuable tool for use in clinical practice; however, data are awaited on the value of these new criteria in the assessment of patients with OIC in the real-life setting.
- A better understanding of the unmet needs of patients with OIC would be valuable to improve the recognition and management of this condition.

2. What are the significant and/or new findings of this study?

- Both weak- and strong-opioid users experience a considerable biopsychosocial burden caused by constipation, and the impact of OIC on users of weak opioids should not be underestimated.
- Findings from this survey suggest that the new Rome IV criteria can identify patients with more severe OIC, but may underdiagnose patients with fewer/milder symptoms.
- A substantial proportion of opioid users are not satisfied with their current constipation treatment and find balancing the need for adequate pain relief with constipation side effects challenging. This can lead to poor adherence with prescribed treatment regimens, or the use of suboptimal strategies to relieve constipation.
- This survey highlighted a need for improved counselling for strong-opioid users, particularly regarding constipation as a potential side effect of opioid use.

Introduction

In recent years, the worldwide use of opioids has increased significantly.¹ Constipation is a common side effect of opioid use, and can affect up to 81% of patients, even with the concomitant use of laxatives.² Despite this, opioid-induced constipation (OIC) remains under-recognised and undertreated.³ Recently published Rome IV diagnostic guidance for functional gastrointestinal disorders now includes diagnostic criteria for OIC.⁴ While this is a much-needed step towards improving recognition of this condition, data are awaited on the value of these new criteria in the assessment of patients with OIC in real-life clinical practice.

OIC has a negative impact on patients' wellbeing, affecting daily activities, work productivity and health-related quality of life,² and is also associated with increased utilisation of healthcare resources.⁵ Available laxative therapies for OIC leave the patient with significant residual symptoms, which may lead them to adjust or stop their opioid intake in order to have a bowel movement, unless effectively counselled.^{3,6} The management of OIC is often hampered by factors including a lack of understanding and recognition among healthcare professionals (HCPs) of the potential morbidity associated with this condition. It is not clear whether there is any difference in the biopsychosocial disease burden of constipation in patients using either strong or weak opioids. There may also be a perception that strong-opioid use is associated with more severe side effects, and that these also occur at a higher frequency, compared with weak-opioid use, highlighting a need to further our understanding of the burden of OIC in users of strong or weak opioids.

Poor communication between HCPs and patients may be a further potential barrier to the effective management of OIC. Current guidance recommends that in addition to laxative use, first-line therapy should include non-pharmacological approaches, such as lifestyle modification and consumption of fibre-rich food. Therefore, good communication between the patient and HCP is key,⁷⁻⁹ to encourage uptake and adherence to these measures. Studies in a variety of chronic disease conditions have demonstrated a link between effective patient engagement, management of functional symptoms and positive health outcomes.¹⁰ For example, an individualised self-care education programme, with and without peak flow monitoring, improved lung function in patients with asthma;¹¹ patients on a group-based self-management programme for multiple sclerosis reported improvements in health-related quality of life,¹² and disease-specific self-help

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3 groups were associated with improvements in self-reported general health status in patients with arthritis.¹³
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5 It would be valuable to gain a better understanding of the information-seeking behaviour of patients with
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7 OIC, in order to determine the optimal approach to education and timely communication of appropriate
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9 information.
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13 In an attempt to address some of the unmet needs in the management of OIC, this international survey was
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15 conducted to investigate whether long-term users of strong opioids (*e.g.* buprenorphine, fentanyl) with
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17 Rome IV-positive OIC differ in biopsychosocial disease burden versus those with constipation who do not
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19 satisfy the Rome IV criteria, and assess the impact of strong or weak (*e.g.* codeine, dihydrocodeine) opioids
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21 in patients with chronic pain who have constipation. The use of counselling resources, information seeking
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23 and sources of support in patients with constipation caused by the use of strong opioids was also explored.
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27 **Methodology**

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31 Two separate quantitative, questionnaire based, online surveys were conducted by Insight Dojo, Guildford,
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33 UK. One survey took place in France, Germany, Italy, Spain and the UK in respondents aged ≥ 40 years who
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35 were using strong opioids. A second survey was conducted in Germany, Spain and the UK in respondents
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37 aged ≥ 18 years who were using weak opioids.
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41 Respondents were recruited using two different types of online panel: (1) a large panel representative of the
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43 population in each market, and (2) targeted chronic pain panels *e.g.* a 'rheumatoid arthritis' panel.
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45 Respondents had largely non-cancer-related chronic pain that was being managed with opioids, and OIC
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47 (defined as having ≤ 2 bowel movements per week, and expressing bother from constipation or
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49 dissatisfaction with current treatments for constipation). All individuals who joined the panels consented to
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51 participate in the online survey. The International Chamber of Commerce/European Society for Opinion and
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53 Marketing Research (ICC/ESOMAR) International Code on Market, Opinion and Social Research and Data
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55 Analytics,¹⁴ and all local country codes of conduct for market research, were adhered to when conducting
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57 the survey. All respondents received a very small incentive for taking part in the survey, which ranged from
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60 €1.00–1.50 in France, Germany, Italy and Spain, and £0.75–1.00 in the UK. The survey questionnaires were

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3 developed by Insight Dojo in collaboration with Shionogi and assessed past medical history, opioid use,
4 treatment and treatment-seeking behaviour, symptoms, burden of disease, and effects of constipation on
5 quality of life (see **Appendices 1 and 2**). The survey did not capture any self-reports of severity; rather, the
6 analyses used objective measures of severity which were applied to self-reported symptoms and
7 experiences.
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11 To satisfy the Rome IV criteria for OIC, respondents who were users of strong opioids must have had new or
12 worsening symptoms of constipation when initiating, changing or increasing opioid therapy plus 2 or more of
13 the following symptoms defining functional constipation, with a frequency cut-off of 25%: straining, lumpy or
14 hard stools, sensation of incomplete evacuation, sensation of anorectal blockage, use of manual
15 manipulation to facilitate defaecation or <3 spontaneous bowel movements per week.¹⁵
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19 To ensure comparability, only respondents aged ≥ 40 years from Germany, Spain and the UK were included in
20 the analyses of strong- versus weak-opioid users. Analyses conducted to investigate approaches to the
21 management of OIC, perceptions of treatment and counselling/information-seeking behaviour were
22 conducted in the overall population of strong-opioid users.
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26 Descriptive data were presented as proportions (%) of total subgroup populations, and Z-tests were
27 performed to establish significance between subgroups. A p value <0.05 was defined as statistically
28 significant.
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31 **Results**

32 **Analysis of Rome IV versus non-Rome IV subgroups of strong-opioid users**

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34 A total of 18,995 respondents from a nationally representative panel entered the survey from France,
35 Germany, Italy, Spain and the UK, with 2016 eligible (*i.e.* overall strong-opioid population). Of these, 951
36 (47%) met the Rome IV diagnostic criteria for OIC.
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40 Baseline demographics and characteristics of the Rome IV OIC and non-Rome IV subgroups are shown in
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44 **Table 1.** Compared with non-Rome IV respondents, significantly more respondents who satisfied the
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3 Rome IV criteria reported physical effects of OIC, with the main symptoms being 'straining to pass stools',
4 'abdominal bloating' and 'sensation of blockage/bowel obstruction' (**Figure 1A**). A significantly greater
5
6 'abdominal bloating' and 'sensation of blockage/bowel obstruction' (**Figure 1A**). A significantly greater
7 proportion of Rome IV respondents felt emotional and psychological symptoms caused by OIC than did
8 non-Rome IV respondents, with feelings of frustration, dependence and anxiety/worry being key (**Figure 2A**).
9
10 While all respondents reported an impact of OIC on daily life/relationships, this was significantly greater in
11 the Rome IV group who cited 'excessive time spent in bathroom', 'difficulty following normal routine' and
12 'difficulty being intimate with others' as key factors impacting on their wellbeing (**Figure 3A**).
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20 Overall, significantly more Rome IV than non-Rome IV respondents experienced quite a lot/a great deal of
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22 bother from their OIC symptoms (42% vs 31%; $p < 0.0001$).
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25 **Analysis of strong- versus weak-opioid users**

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28 For the strong-opioid population, a total of 13,641 respondents from a nationally representative panel
29 entered the survey from Germany, Spain and the UK, with 545 eligible (equating to a response rate of 4.0%).
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31 The remaining 665 respondents for the strong-opioid analysis were sourced from a target panel. For the
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33 weak-opioid population, 3,856 respondents from a nationally representative panel entered the survey from
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35 Germany, Spain and the UK, with 663 included in the final analyses (for a response rate of 17.2%).
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40 Baseline demographics and characteristics of the populations of strong- ($n=1210$) and weak- ($n=663$) opioid
41 users aged ≥ 40 years are shown in **Table 1**. Compared with the weak-opioid population, more respondents in
42 the strong-opioid population were male (48% vs 37%, respectively) and younger (81% vs 71% aged < 60 years,
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44 respectively). The majority of strong-opioid users were taking opioids for chronic back pain, while weak-
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46 opioid users had a variety of reasons for requiring pain relief. In general, strong-opioid users had started
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48 taking opioids more recently than weak-opioid users, with 40% of the latter group receiving their first opioid
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50 prescription ≥ 5 years ago (vs 24% of strong-opioid users).
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57 A comparable degree of bother from constipation symptoms was felt by both weak- and strong-opioid users,
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59 with 38% and 40% of respondents, respectively, stating that constipation bothered them quite a lot/a great
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3 deal (between-group comparison, $p=0.40$). This pattern was reflected in the main psychological symptoms
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5 experienced due to constipation (*i.e.* frustration, dependence, anxiety) (**Figure 2B**).

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8 The incidence of more-common physical symptoms (*i.e.* straining to pass stools, abdominal bloating,
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10 sensation of bowel blockage/obstruction) was similar in the strong- and weak-opioid groups. However,
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12 weak-opioid users experienced significantly fewer less-common physical symptoms of constipation
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14 compared with strong-opioid users, including stomach cramps, rectal burning and haemorrhoids (all $p<0.02$)
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16 (**Figure 1B**). Moreover, the impact of constipation on quality of life/social symptoms was felt significantly less
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18 by weak-opioid users compared with users of strong opioids (**Figure 3B**).

21 22 23 **Approaches to the management of OIC and perceptions of treatment in strong-opioid users**

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26 Around one-third of respondents found it difficult to combine management of pain relief with constipation
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28 symptoms and disliked having to balance between them (32%) (**Figure 4A**). While 23% of respondents were
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30 neither satisfied nor dissatisfied and 46% were very or somewhat satisfied with the effectiveness of their
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32 current constipation treatment, nearly one-fifth (18%) were very or somewhat dissatisfied (data missing for
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34 13% of respondents), and only 42% strictly adhered to prescribed treatment regimens, with 30% researching
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36 other treatment options (**Figure 4A**). A significant proportion of respondents (44%) admitted that their
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38 constipation becomes so bothersome that they have to combine different methods to relieve it, and 40%
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40 often cut down their opioid medication (**Figure 4B**) or even skip it entirely (9%) to relieve constipation
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42 (**Figure 5A**). This is despite more than half (57%) stating they would prefer not to reduce their opioid
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44 medication, if possible (**Figure 4B**). To manage their constipation, respondents regularly used a variety of
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46 approaches, including dietary measures (48%), exercise (23%) and single (32%) or multiple (15%) laxative
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48 treatments (**Figure 5B**).

51 52 53 **Counselling and information-seeking behaviour among strong-opioid users**

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56 Only 41% of respondents reported that their HCPs had warned them about constipation as a potential side
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58 effect of opioid use (**Figure 6**). Almost two-thirds of respondents (64%) reported that their HCP was the main
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60 information source on OIC. Other common sources of information were online search engines (45%), health

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3 forums (28%), blogs (12%) and other online resources (8%), as well as leaflets in their HCP's workplace (21%),
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5 television (20%) and newspapers/magazines (19%). Respondents also sometimes received advice from their
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7 partners, friends and family members (cited by 16%, 16% and 14% of respondents, respectively). Although
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9 49% of respondents stated that they would have liked their HCP to provide more information about OIC, 48%
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11 preferred to deal with constipation on their own, rather than discuss it with their HCP (**Figure 4B**).
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15 **Discussion and conclusions**

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19 Despite its high prevalence among opioid users, OIC remains under-recognised and undertreated, and its
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21 true impact on patients' overall wellbeing and quality of life may be underestimated. This survey found that
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23 users of both weak and strong opioids experience a considerable biopsychosocial burden caused by
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25 constipation. Subjectively, weak-opioid users appear to be as bothered by their constipation as strong-opioid
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27 users, despite it causing less-severe physical symptoms and a less-drastic impact on quality of life. This may
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29 reflect strong-opioid users having more serious underlying pain conditions and/or requiring other
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31 concomitant therapies, which may cause debilitating side effects of greater concern than constipation,
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33 compared with weak-opioid users.
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38 To our knowledge, the present analysis is the first time that the Rome IV criteria for OIC have been evaluated
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40 in a real-world setting. Findings showed that compared with strong-opioid users who did not satisfy the
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42 Rome IV criteria, those who did meet Rome IV criteria appeared to experience greater symptomatic and
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44 biopsychosocial burden from their constipation. This suggests that Rome IV criteria can identify patients with
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46 more severe OIC, but may underdiagnose patients with constipation who do not demonstrate the full scale
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48 of symptoms. Further investigation of these preliminary findings is needed.
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52 Overall, 18% of strong-opioid users who participated in this survey are not satisfied with their current
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54 constipation treatment and 32% report that they find it challenging to balance the need for adequate pain
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56 relief with constipation side effects. Consequently, many fail to adhere to their prescribed treatment
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58 regimens, or resort to using suboptimal strategies, such as reducing their opioid intake, to relieve
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60 constipation. Similarly, patients with cancer pain using opioids frequently experience burdensome

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3 constipation.¹⁶ Poor adherence with opioid analgesic regimens has been reported in 49–70% of patients,¹⁷
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5 with some stating that they would rather endure pain than experience the constipation associated with their
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7 opioid treatment.¹⁶
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11 Opioids are prescribed for the management of pain by different types of clinicians across both primary and
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13 secondary care, and approaches to counselling and follow-up of patients may be very different. Research
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15 shows that patients who understand more about their disease often have improved health outcomes and
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17 use fewer healthcare resources. These benefits are even greater when patients are empowered and feel
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19 responsible for self-managing their condition.¹⁸ The initial contact with an HCP provides an opportunity for
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21 patients to ask questions, while also allowing the HCP to identify the patient's individual needs in terms of
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23 education.¹⁹ This may be influenced by the patient's perceptions, expectations and concerns, as well as
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25 factors affecting adherence with the prescribed treatment.²⁰ This survey highlighted that patients'
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27 expectations with regard to the provision of information are not being met, with almost half stating that they
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29 would have liked their HCP to provide more information about OIC. Advice and information should be
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31 tailored appropriately for patients initiating opioids versus those already established on treatment, and
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33 should address all biopsychosocial aspects of the burden of OIC.
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39 While most respondents would like more support from their HCP, a substantial proportion prefer to deal
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41 with constipation on their own, perhaps due to embarrassment or resignation to the symptoms of OIC.
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43 Previous research has found that over one-third of patients do not raise the subject of OIC with their HCP,²¹
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45 and one-fifth feel uncomfortable talking about their condition with an HCP, most often due to
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47 embarrassment.²² Therefore, HCPs should proactively raise the topic of OIC rather than wait for patients to
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49 initiate discussions, and should be attentive to how patients express the physical, psychological and practical
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51 impact of OIC.⁵
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56 A recent observational study showed that drug safety is a major focus of patients who are prescribed new
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58 medicines for the long-term treatment of chronic conditions. This is particularly important, given that a
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60 substantial proportion of patients cite safety issues as a reason for discontinuing treatment.²⁰ The present
survey found that many HCPs are not counselling patients adequately about constipation as a common

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3 potential side effect of opioid use, highlighting the need for increased education to manage patients'
4 expectations and enable improved self-management of their condition. The presentation of repeat-opioid
5 users at pharmacies may provide a valuable opportunity for patient engagement, reinforcing information
6 provided by the physician, and for counselling patients who are non-adherent with optimal treatment
7 regimens.²³

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10 Digital technologies are increasingly being used to support patient care in the management of chronic
11 diseases such as asthma, chronic obstructive pulmonary disorder, diabetes, heart failure and hypertension.
12 They can provide education to improve self-management, enable monitoring, and facilitate contact with
13 HCPs (e.g. via telephone support and follow-up).²⁴ In this survey, patients reported using online search
14 engines and online health forums as common sources of information, suggesting this group may be an
15 appropriate target for digital educational interventions.

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17 This survey had several limitations. The information provided by participants was self-reported and was not
18 verified from medical records or by their HCP. As such, it may have been subject to recall bias. There is also a
19 possibility that patients unhappy with their OIC treatment may have been more motivated to participate in
20 the survey than those who were satisfied. Any potential impact of the strong- and weak-opioid users being
21 recruited via two different surveys is not known. Panel respondents were offered a financial incentive to
22 participate in the survey; however, given the small monetary amount, it is not expected that this would be
23 associated with any significant bias.

24
25 In conclusion, the increasing use of opioids globally means that a growing number of patients will experience
26 OIC, driving the need for improved recognition and management of this condition. HCPs should not
27 underestimate the morbidity associated with OIC, in particular the degree of bother caused by constipation
28 in users of weak opioids, which is comparable to that of strong-opioid users. Approaches to counselling
29 should be tailored to the individual patient's needs and preferences, and should include education on
30 constipation as a common potential side effect of opioid use and how this can be effectively managed, as
31 well as addressing the biopsychosocial aspects of the burden of constipation. The recently published Rome IV
32 diagnostic criteria provide a valuable tool for use in clinical practice. However, findings from this survey

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3 suggest that these criteria may be more effective in diagnosing patients with severe OIC, compared with
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5 those showing fewer symptoms.
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For Peer Review

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For Peer Review

Figure legends

Figure 1. Physical symptoms of constipation experienced by patients using opioids, stratified by Rome IV with OIC vs non-Rome IV with constipation (A) and weak- vs strong-opioid use (B) subgroups

* $p < 0.05$ versus non-Rome IV with constipation subgroup; ** $p < 0.02$ versus weak-opioid users

OIC, opioid-induced constipation

Figure 2. Emotional and psychological symptoms of constipation experienced by patients using opioids, stratified by Rome IV with OIC vs non-Rome IV with constipation (A) and weak- vs strong-opioid use (B) subgroups

* $p < 0.05$ versus non-Rome IV with constipation subgroup; ** $p < 0.05$ versus weak-opioid users

OIC, opioid-induced constipation

Figure 3. Impact of constipation on quality of life and social interactions experienced by patients using opioids, stratified by Rome IV with OIC vs non-Rome IV with constipation (A) and weak- vs strong-opioid use (B) subgroups

* $p < 0.05$ versus non-Rome IV with constipation subgroup; ** $p < 0.05$ versus weak-opioid users

OIC, opioid-induced constipation

Figure 4. Respondents' approaches to the management of constipation and perceptions of treatment (strong-opioid users; N=2016)

HCP, healthcare professional

Figure 5. Analgesia-related (A) and other (B) approaches used regularly by respondents to manage their constipation (strong-opioid users; N=2016)

Figure 6. Counselling provided by HCPs when prescribing an opioid to respondents (strong-opioid users; N=2016)

HCP, healthcare professional

Table**Table 1. Survey respondents' baseline demographics and characteristics**

Parameter, n (%)	Overall strong-opioid population (5 countries) (N=2016)	Strong-opioid population (3 countries) (n=1210)	Weak-opioid population (3 countries) (n=663)	Rome IV OIC subgroup (strong-opioid users) (n=951)	Non-Rome IV with constipation subgroup (strong-opioid users) (n=1065)
Age group, years					
40–49	928 (46)	544 (45)	210 (35)	443 (47)	485 (46)
50–59	713 (35)	433 (36)	218 (36)	313 (33)	400 (38)
60–69	312 (15)	194 (16)	140 (23)	158 (17)	154 (14)
≥70	63 (3)	39 (3)	37 (6)	37 (4)	26 (2)
Gender					
Male	976 (48)	576 (48)	224 (37)	467 (49)	509 (48)
Female	1040 (52)	634 (52)	381 (63)	484 (51)	556 (52)
Employment status					
Full-time/part-time/ self-employed	1443 (72)	818 (68)	324 (54)	680 (72)	763 (72)
Unemployed	198 (10)	125 (10)	83 (14)	81 (9)	117 (11)
Semi-retired/retired	372 (18)	265 (22)	198 (33)	188 (20)	184 (17)
Student/in full-time training	3 (<1)	2 (<1)	–	–	1 (<1)
Single underlying condition that causes the most pain					
Chronic back pain	586 (29)	391 (32)	160 (26)	295 (31)	291 (27)
Migraine	342 (17)	178 (15)	43 (7)	141 (15)	201 (19)
Rheumatoid arthritis	255 (13)	155 (13)	43 (7)	136 (14)	119 (11)
Osteoarthritis	154 (8)	60 (5)	40 (7)	80 (8)	74 (7)
Fibromyalgia	142 (7)	109 (9)	44 (7)	63 (7)	79 (7)
Joint pain	101 (5)	67 (6)	76 (13)	47 (5)	54 (5)
Pain relating to cancer (not prostate cancer)	34 (2)	22 (2)	4 (1)	21 (2)	13 (1)

Neuropathic pain related to diabetes	24 (1)	16 (1)	–	8 (1)	16 (2)
Other	13 (<1)	9 (<1)	195 (32)	5 (<1)	8 (<1)
Duration of underlying condition					
>3 months but <1 year	167 (8)	87 (7)	30 (5)	85 (9)	82 (8)
1 to <3 years	455 (23)	223 (18)	91 (15)	224 (24)	231 (22)
3 to <5 years	450 (22)	253 (21)	101 (17)	207 (22)	243 (23)
5 to <10 years	480 (24)	312 (26)	142 (23)	221 (23)	259 (24)
≥10 years	464 (23)	335 (28)	241 (40)	214 (23)	250 (23)
Current opioid use (multiple responses possible)					
Morphine	683 (34)	449 (37)	–	324 (34)	359 (34)
Fentanyl	634 (31)	253 (21)	–	310 (33)	324 (30)
Oxycodone	576 (29)	271 (22)	–	294 (31)	282 (26)
Oxycodone + naloxone	273 (14)	192 (16)	–	118 (12)	161 (15)
Buprenorphine	213 (11)	120 (10)	–	91 (10)	122 (11)
Tapentadol	178 (9)	108 (9)	–	79 (8)	99 (9)
Methadone	159 (8)	63 (5)	–	78 (8)	81 (8)
Meperidine	137 (7)	137 (11)	–	62 (7)	75 (7)
Hydromorphone	131 (6)	83 (7)	–	61 (6)	70 (7)
Diamorphine	50 (2)	50 (4)	–	30 (3)	20 (2)
Opium + acetaminophen	37 (2)	–	–	18 (2)	19 (2)
Piritramide	18 (1)	18 (1)	–	10 (1)	8 (1)
Levomethadone	16 (1)	16 (1)	–	7 (1)	9 (1)
Co-codamol	–	–	323 (53)	–	–
Tramadol	–	–	236 (39)	–	–
Tilidine	–	–	77 (13)	–	–
Tramadol + acetaminophen	–	–	53 (9)	–	–
Dihydrocodeine	–	–	34 (6)	–	–
Codeine	–	–	33 (5)	–	–
Ketamine	–	–	11 (2)	–	–

Pethidine	–	–	14 (2)	–	–
Promethazine	–	–	<1 (1)	–	–
Current laxative use (multiple responses possible)					
Stimulant laxative	867 (43)	470 (39)	86 (14)	434 (46)	433 (41)
Osmotic agent	830 (41)	467 (39)	92 (15)	448 (47)	382 (36)
Saline laxative	322 (16)	78 (6)	19 (3)	161 (17)	161 (15)
Bulk-forming laxative	146 (7)	44 (4)	7 (1)	71 (7)	75 (7)
Other (potentially non- laxative)	125 (6)	76 (6)	9 (1)	58 (6)	67 (6)
Emollient laxative	86 (4)	76 (6)	4 (1)	36 (4)	50 (5)
Lubricant laxative	60 (3)	–	–	30 (3)	30 (3)
Combination of laxatives	307 (15)	264 (22)	33 (5)	140 (15)	167 (16)
Guanylate cyclase 2C agonist	20 (<1)	16 (1)	3 (<1)	9 (1)	11 (1)
Serotonin agonist	9 (<1)	7 (1)	–	2 (<1)	7 (1)
None	254 (13)	187 (15)	10 (2)	91 (10)	163 (15)
Time of first opioid prescription					
In the last ≤3 months	204 (10)	8 (8)	27 (4)	101 (11)	103 (10)
>3 months but <1 year	432 (21)	228 (19)	61 (10)	205 (22)	227 (21)
1 to <3 years	632 (31)	364 (30)	150 (25)	301 (32)	331 (31)
3 to <5 years	359 (18)	234 (19)	125 (21)	157 (17)	202 (19)
≥5 years	389 (19)	292 (24)	242 (40)	187 (20)	202 (19)
Constipation prior to opioid use					
Much/slightly better	1158 (57)	654 (54)	348 (58)	951 (100)	207 (19)
The same	515 (26)	322 (27)	213 (35)	0 (0)	515 (48)
Much/slightly worse	343 (17)	234 (19)	44 (7)	0 (0)	343 (32)

Total percentages for each parameter may not equal 100 due to rounding.

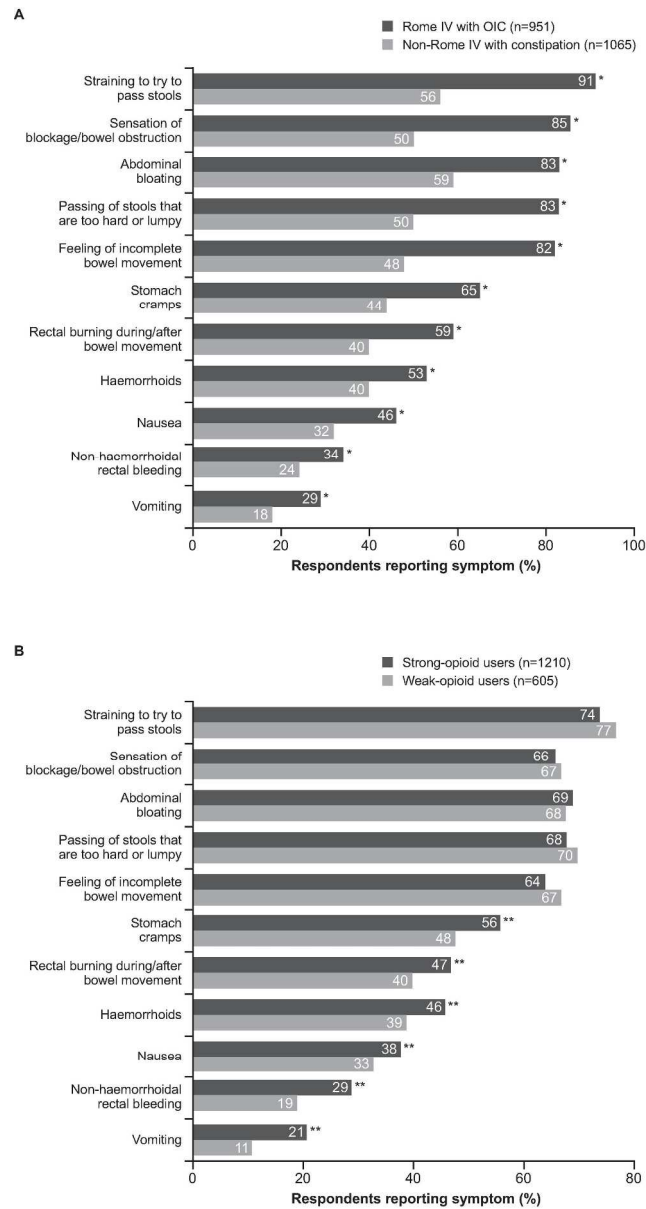


Figure 1. Physical symptoms of constipation experienced by patients using opioids, stratified by Rome IV with OIC vs non-Rome IV with constipation (A) and weak- vs strong-opioid use (B) subgroups

* $p < 0.05$ versus non-Rome IV with constipation subgroup; ** $p < 0.02$ versus weak-opioid users

OIC, opioid-induced constipation

163x312mm (300 x 300 DPI)

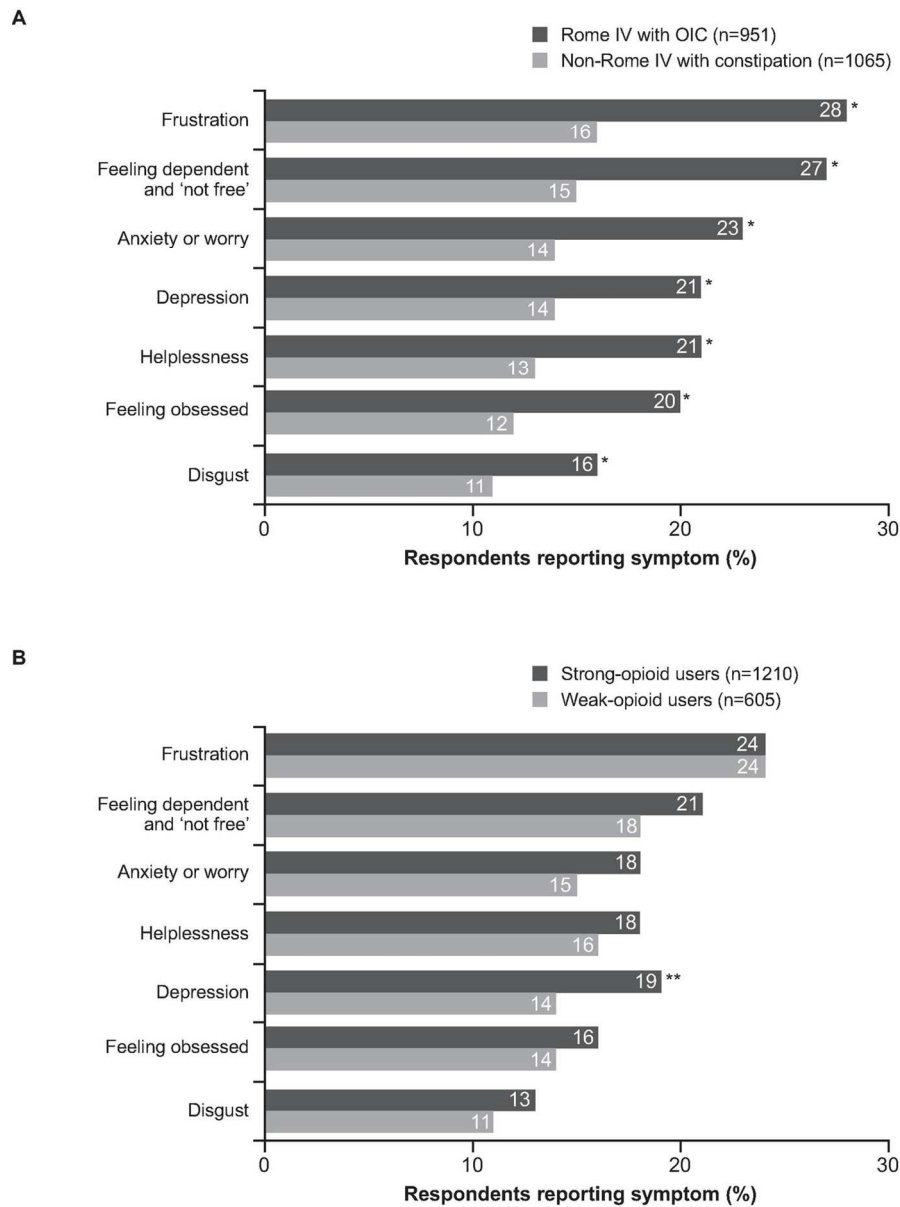


Figure 2. Emotional and psychological symptoms of constipation experienced by patients using opioids, stratified by Rome IV with OIC vs non-Rome IV with constipation (A) and weak- vs strong-opioid use (B) subgroups

*p<0.05 versus non-Rome IV with constipation subgroup; **p<0.05 versus weak-opioid users

OIC, opioid-induced constipation

115x156mm (300 x 300 DPI)

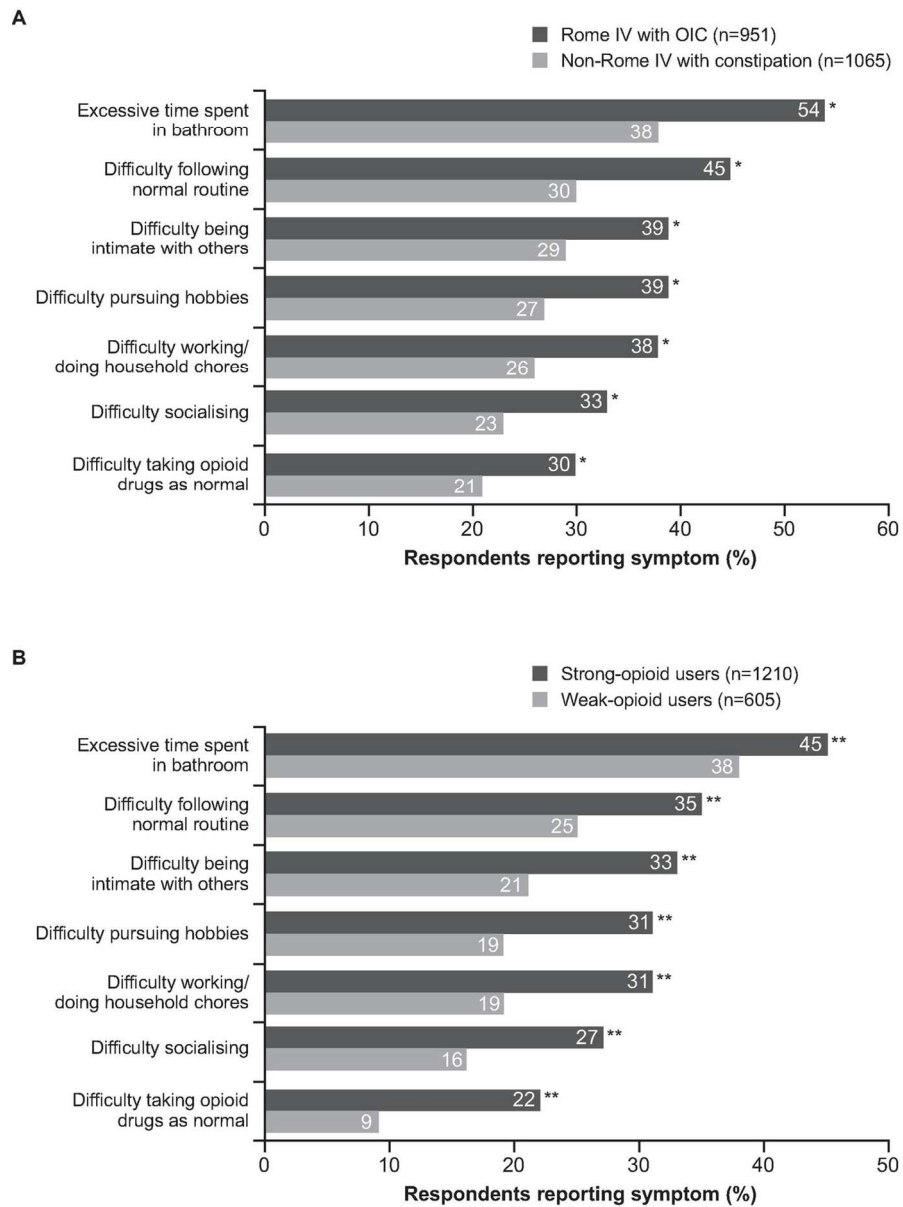


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OIC, opioid-induced constipation

115x156mm (300 x 300 DPI)

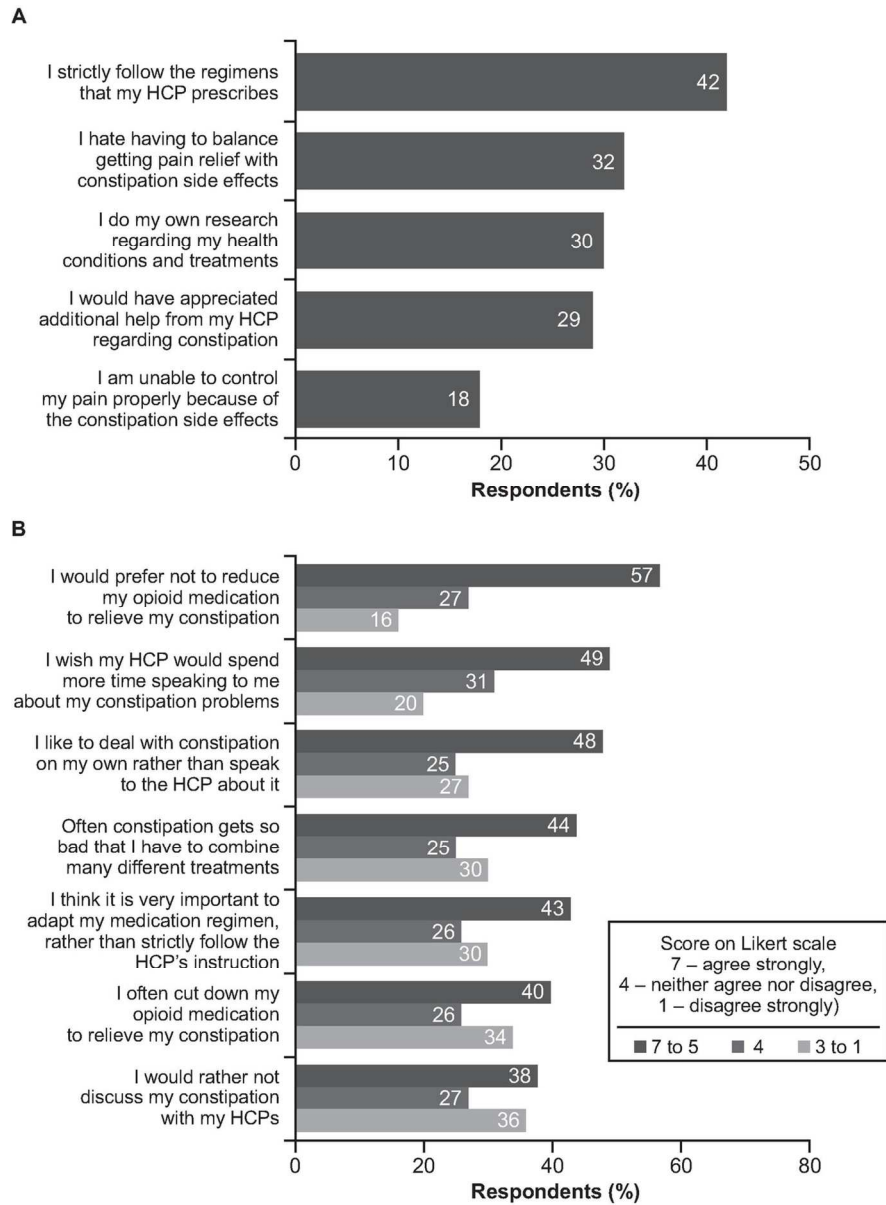


Figure 4. Respondents' approaches to the management of constipation and perceptions of treatment (strong-opioid users; N=2016)

HCP, healthcare professional

112x153mm (300 x 300 DPI)

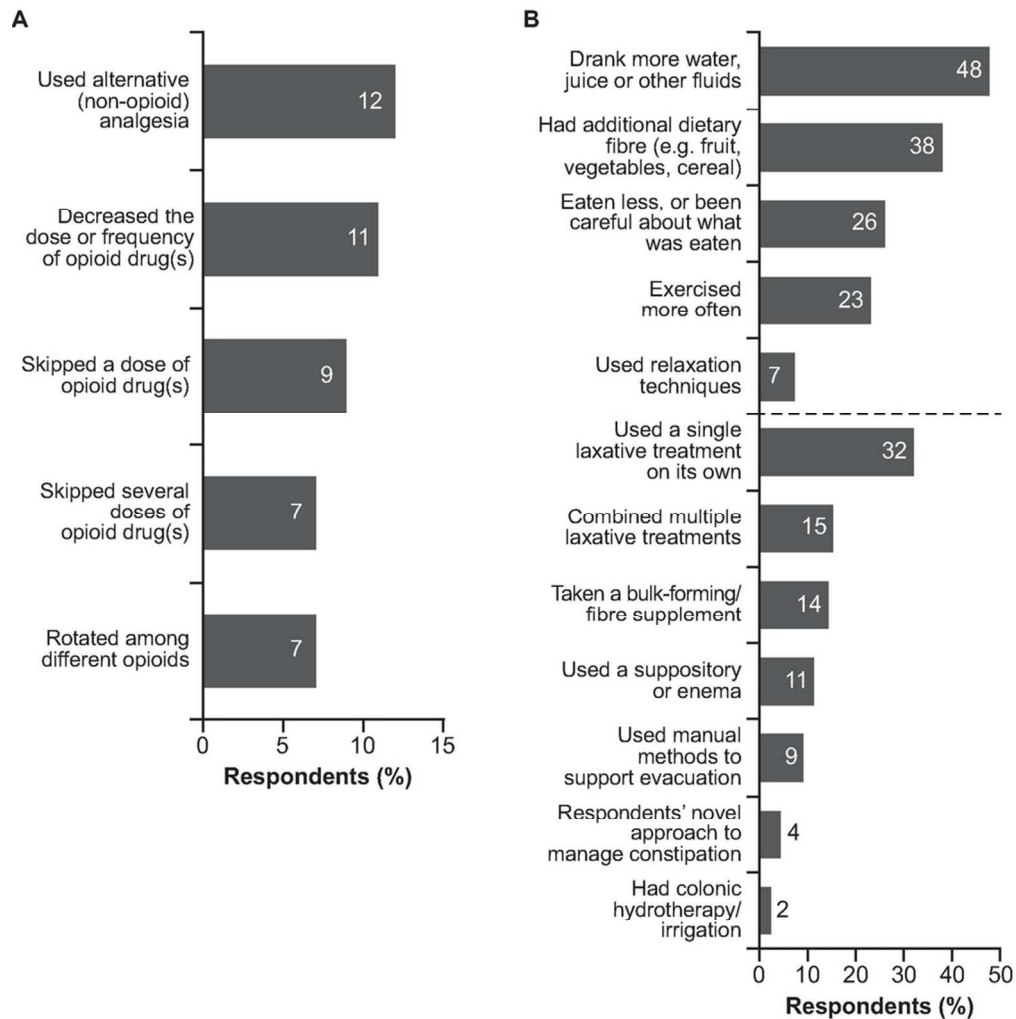


Figure 5. Analgesia-related (A) and other (B) approaches used regularly by respondents to manage their constipation (strong-opioid users; N=2016)

85x86mm (300 x 300 DPI)

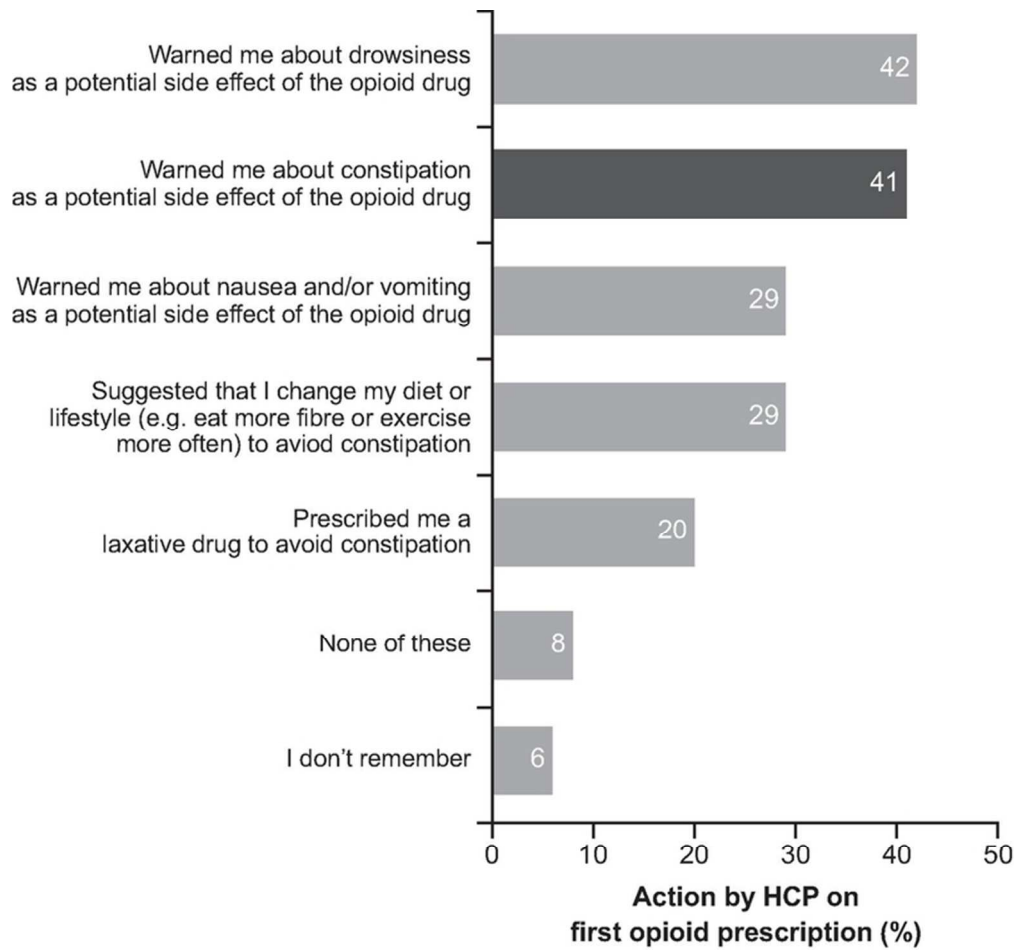


Figure 6. Counselling provided by HCPs when prescribing an opioid to respondents (strong-opioid users; N=2016)

HCP, healthcare professional

67x63mm (300 x 300 DPI)

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"/> Sevedol | <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"/> Sevedol | |

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"/> Lactulose/Lactulosa |
| <input type="checkbox"/> Capsuvac | <input type="checkbox"/> Movicol-half | <input type="checkbox"/> Laxonol/Lactulose |
| <input type="checkbox"/> Celevac | <input type="checkbox"/> Norgalax | <input type="checkbox"/> Microlax/Laxonol |
| <input type="checkbox"/> Co-Danthramer | <input type="checkbox"/> Norgalax Micro-enema | <input type="checkbox"/> Movicol/Microlax |
| <input type="checkbox"/> Co-Danthrusate | <input type="checkbox"/> Phospho-Soda | <input type="checkbox"/> Picosalax/Movicol |
| <input type="checkbox"/> Constella | <input type="checkbox"/> Regulose | <input type="checkbox"/> Plantaben/Picosalax |
| <input type="checkbox"/> Dioctyl | <input type="checkbox"/> Resolor | <input type="checkbox"/> Resolor/Plantaben |
| <input type="checkbox"/> Docusol | <input type="checkbox"/> Senna | <input type="checkbox"/> Senna/Resolor |
| <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"/> Evacuol/Enema Casen | <input type="checkbox"/> Dulcolax |
| <input type="checkbox"/> Lecicarbon C | <input type="checkbox"/> Fave de fuca/Evacuol | <input type="checkbox"/> Duphalac |
| <input type="checkbox"/> Manevac | <input type="checkbox"/> Gotalax/Fave de fuca | |
| <input type="checkbox"/> Micolette | <input type="checkbox"/> Lactulosa/Gotalax | |

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) ?

- Very dissatisfied
 Somewhat dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very 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)?

- Very dissatisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very satisfied
 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

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3 Metasedin COMPRIMIDOS/CÁPSULAS
4 Metasedin LÍQUIDO ORAL
5 Methadone AP HP COMPRIMÉS/GÉLULES
6 Methadone AP HP LIQUIDE ORAL
7 Oramorph LIQUIDE ORAL
8 Oramorph LIQUIDE ORAL
9 Oramorph ORAL LIQUID
10 Oramorph ORAL LIQUID
11 Metadone Molteni ORAL LIQUID
12 Metadone Molteni ORAL LIQUID
13 Temgesic INJECTION
14 Temgesic TABLETS/ CAPSULES
15 Morphin TABLETS/ CAPSULES
16 Morphin INJECTION
17 Palladon TABLETS/ CAPSULES prolonged-release capsules
18 Palladon TABLETS/ CAPSULES not prolonged-release capsules
19 Palladon INJECTION
20 MST TABLETS/ CAPSULES
21 MST POWDER
22 M-stada TABLETS/ CAPSULES
23 M-stada INJECTION
24 Temgesic TABLETS/ CAPSULES sublingual tablets
25 Temgesic INJECTION
26 Buprenorphine TABLETS/ CAPSULES sublingual tablets
27 Buprenorphine TRANSDERMAL (SKIN) PATCH
28 Oramorph ORAL LIQUID Pre-measured vial, ampoule or pot of liquid
29 Oramorph LIQUID DROPS

Q12b

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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

- 1
2
3 Diamorphine INJECTION 5mg
4 Diamorphine INJECTION 10mg
5 Diamorphine INJECTION 30mg
6 Diamorphine INJECTION 100mg
7 Diamorphine INJECTION 500mg
8 Diamorphine TABLETS/ CAPSULES 10mg
9 Diamorphine POWDER 5mg
10 Diamorphine POWDER 10mg
11 Diamorphine POWDER 30mg
12 Diamorphine POWDER 100mg
13 Diamorphine POWDER 500mg
14 Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 12 micrograms/hour
15 Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 25 micrograms/hour
16 Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 50 micrograms/hour
17 Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 75 micrograms/hour
18 Durogesic Dtrans TRANSDERMAL (SKIN) PATCH 100 micrograms/hour
19 Fencino TRANSDERMAL (SKIN) PATCH 12 micrograms/hour
20 Fencino TRANSDERMAL (SKIN) PATCH 25 micrograms/hour
21 Fencino TRANSDERMAL (SKIN) PATCH 50 micrograms/hour
22 Fencino TRANSDERMAL (SKIN) PATCH 75 micrograms/hour
23
24
25

26 Note: if you currently take an oral liquid, or use a nasal spray, we will ask about these separately.
27
28

29 **Q12c**

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

- 31 Pefcent OTRO FORMATO Aerosol nasal 100 microgramos/ dose
32 Pefcent OTRO FORMATO Aerosol nasal 400 microgramos/ dose
33 Instanyl OTRO FORMATO Aerosol nasal 50 microgramos/dose
34 Instanyl OTRO FORMATO Aerosol nasal 100 microgramos/dose
35 Instanyl OTRO FORMATO Aerosol nasal 200 microgramos/dose
36 Instanyl AUTRE Spray nasal 50 microgrammess/dose
37 Instanyl AUTRE Spray nasal 100 microgrammess/dose
38 Instanyl AUTRE Spray nasal 200 microgrammess/dose
39 Pefcent AUTRE Spray nasal 100microgrammes/ dose
40 Pefcent AUTRE Spray nasal 400microgrammes/ dose
41 Pefcent ALTRO Spray nasale 100 microgrammi/ dose
42 Pefcent ALTRO Spray nasale 400 microgrammi/ dose
43 Instanyl ALTRO Spray nasale 50 microgrammi/dose
44 Instanyl ALTRO Spray nasale 100 microgrammi/dose
45 Instanyl ALTRO Spray nasale 200 microgrammi/dose
46 Instanyl NASAL SPRAY 50 Mikrogramms/dose
47 Instanyl NASAL SPRAY 100 Mikrogramms/dose
48 Instanyl NASAL SPRAY 200 Mikrogramms/dose
49 Pefcent NASAL SPRAY 100 Mikrogramm/dose
50 Pefcent NASAL SPRAY 400 Mikrogramm/ dose
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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

- | |
|--|
| <input type="checkbox"/> Warned me about drowsiness as a potential side effect of the opioid drug |
| <input type="checkbox"/> Warned me about nausea and/or vomiting as a potential side effect of the opioid drug |
| <input type="checkbox"/> Warned me about constipation as a potential side effect of the opioid drug |
| <input type="checkbox"/> Suggested that I change my diet or lifestyle (e.g. by eating more fibre or exercising more often) to avoid constipation |
| <input type="checkbox"/> Prescribed me a laxative drug to avoid constipation |
| <input type="radio"/> Did none of these |
| <input type="radio"/> 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	?	?	?	?	?	?	?
It works rapidly to control my constipation	?	?	?	?	?	?	?

	Disagree strongly	Disagree quite a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
symptoms							
It is affordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It works predictably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It represents good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is available on the National Health Service – or the cost is reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am the type of person who likes to get on with my life despite my pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather suffer a little from pain rather than take pain medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My opioid drugs have allowed me to live a fuller life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to cope without my opioid drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like my opioid drugs and have them only if it is absolutely necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe my health will improve and I will be able to discontinue my opioid drugs in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel guilty when I take opioid drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think doctors must be more careful than they are while prescribing opioid drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that pharmaceutical companies that manufacture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My constipation is awful and overwhelms me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the back of my mind, I'm always thinking of constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After pain, constipation is one of my most bothersome problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often cut down my opioid medication to relieve my constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would prefer not to reduce my opioid medication to relieve my constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often worry that my bowels will lose their ability to function normally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation prevents me from doing things that I really want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take extreme measures to get relief from constipation that might not be good for me in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often constipation gets so bad, that I have to combine many different treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It bothers me that I spend so much time in the bathroom because of my constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often I am afraid that I will fall in the bathroom and injure myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would much prefer to change my diet, or some other aspect of my lifestyle, rather than taking pharmaceutical treatments for constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would much rather take a constipation treatment as and when the need arises rather than take it continuously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, it is very important that a constipation treatment works fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, it is very important that a constipation treatment works predictably and not at random	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, it is very important that a constipation treatment can be taken at any time of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, it is very important that I can take my constipation treatment with or without food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, it is very important that my constipation treatment does not affect the pain relief that I get from my opioid drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, it is very important that a constipation treatment has no bad side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to try a new treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Disagree strongly	Disagree quite a lot	Disagree quite little	Neither agree nor disagree	Agree a little	Agree quite a lot	Agree strongly
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	?	?	?	?	?	?	?
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				4				7
	Not at all	2	3		A moderate amount	5	6		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
 Mix of independent and still at home
 Adult children 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
 Evening/ night
 Afternoon

Q41b

How do you typically watch TV?

Select all that apply

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

Q41c

What technology do you typically use to watch TV?

Select all that apply

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

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
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical, quarrelsome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependable, self-disciplined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious, easily upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open to new experiences, complex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reserved, quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sympathetic, warm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disorganized, careless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm, emotionally stable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conventional, uncreative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 and instrument)
- Playing a sport (football, tennis, etc.)

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- 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

For Peer Review

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 Humber | 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

4=Somewhat satisfied

2=Somewhat dissatisfied

5=Very satisfied

3=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.

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 it 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 | 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 | |

Q18**Whom do you look to for help with managing constipation?***Select all that apply*

- | | |
|--------------------------|--|
| 1=GP | 10=Pharmacist |
| 2=Anaesthetist | 11=Internist |
| 3=Neurologist | 12=Members of my family |
| 4=Rheumatologist | 13=My friends |
| 5=Psychiatrist | 14=Other constipation sufferers |
| 6=Orthopaedist | 15=I do not look for help,
I manage constipation myself |
| 7=Oncologist | 98=Other |
| 8=Nurse specialist | |
| 9=Pain specialist doctor | |

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 | 4=It has decreased slightly |
| 2=It has increased slightly | 5=it has decreased a lot |
| 3=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?**

- 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

INSERT LAXATIVE LIST

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

INSERT LAXATIVE LIST

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 mediation 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 training |
| 2=Working part-time | 6=Retired |
| 3=Self-employed | 7=Semi retired |
| 4=Unemployed | |

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

3=Mix of independent and still at home

2=Adult children 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

4=3-5 hours

2=Less than an hour

5=6-10 hours

3=1-2 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

3=Evening/ night

2=Afternoon

Q41b**How do you typically watch TV? Select all that apply**

1=Live (as it happens)

3=Online via TV channel website

2=Catch-up (via a set top Box)

Q41c**What technology do you typically use to watch TV? Select all that apply**

1=A regular TV set

4=A desktop computer

2=A laptop computer

5=A smartphone

3=An ipad or tablet

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

8=The Daily Express

2=The Times

9=The Sun

3=The Daily Telegraph

10=The Daily Mirror

4=The Financial Times

11=The Daily Star

5=The i (concise newspaper)

12=The Daily Record

6=Metro

13=Evening Standard

7=The Daily Mail

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

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

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