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*a protocol for a semi-structured interview study (Part of the ADVIN Back Trial)*

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**Tailored on-line information and advice to patients with low back pain in general practice – a protocol for a semi-structured interview study (Part of the ADVIN Back Trial)**

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## ABSTRACT

### **Background**

General information and advice can lead to better function and decreasing pain among patients with low back pain. Improving patients' beliefs and supporting patient engagement may lead to more long-term treatment effects. Delivering patient information and advice through a web-application may be an inexpensive and wide-reaching opportunity to expand the consultation with the high number of patients seen in general practice with low back pain. Involving patients with low back pain (the end users) in the development of a web-application may help tailor the information and advice and ensure that it fits with their needs and preferences.

### **Purpose**

The aim of this study is to identify patients' preference for the content, design, and functionality of a web-application with information and advice for patients with low back pain and to identify differences in patients' preferences among the three STarT Back Tool risk groups.

### **Methods**

The study is designed as a phenomenological qualitative study. 15 adult patients with low back pain previously consulted in general practice will be included. They will be asked to participate in a semi-structured interview and complete a questionnaire on age, gender, internet usage, interest in searching new knowledge, risk of complexity (STarT Back questionnaire), function (Roland Morris Disability questionnaire, 23 item), pain duration, and pain intensity (NPR).

## **Perspectives**

Involving the end user in the development of a web application is considered essential to ensure that the web application fits with patients' preferences. The use of the STarT Back Tool may allow us to investigate if patients with different risk profiles have different preferences. This is an important step to ensure that the delivery of information and advice is tailored to the risk profiles.

## **INTRODUCTION**

Of all 291 conditions studied by the Global Burden of Disease 2010 study, low back pain (LBP) is the highest ranked in terms of disability [1]. The point prevalence was estimated to 9.4 % [1]. The aetiology underlying LBP is unknown but assumed to be multifactorial and involve biological, psychological, and social factors [2-4]. Most episodes of LBP are relatively short but many experience recurrent symptoms and some develop persistent pain [5]. As life expectancy is increasing, the proportion of people living with LBP will also increase [6]. Therefore solutions to enhance competences and self-care opportunities for patients with LBP are of importance to support the usual treatment delivered in general practice.

### **Patient information and advice are important in managing low back pain**

The latest systematic review highlights that patient education had positive long-term effects for patients with LBP [7]. For neck pain the effectiveness of patient education as a stand-alone intervention has been found moderate [8]. However, it may be beneficial when combined with other types of treatments [9]. Education material for LBP is very likely to have equal influence on treatment results as education material for neck pain. Maintaining physical activity and avoiding bed rest, can reduce pain and maintain and restore function in acute LBP and behavioural advice can prevent LBP from turning chronic [10,11]. Others will however, even when receiving evidence based treatment, still have persistent pain [12]. For these patients information on how to cope with pain can be particularly important. Therefore, combining normal treatment with information material is an important cornerstone in the management of all patients with LBP.

### **Paper versus digital platforms for delivering information**

Patient information can be provided as a paper folder [13]. However, IT-mediated personalized web-applications can improve accessibility and exchangeability of information [14,15]. A personalized approach may address the individual biologic, physiologic, and social factors that are

particularly important for each patient. A digital platform tailored to the patients' bio-psycho-social profile can differentiate between several types of content (text, pictures, films, etc.) and web designs. Carefully selected and presented information and advice have positive effects on LBP patients' beliefs and clinically outcomes [13]. Improving patients' beliefs and supporting patient self-care may have long-term effects [16,17].

### **Involving the patients in the development**

Patients are the end users of the information. It is therefore essential to involve them in the development of information material in order to inform future developers about patients' preferences for a web-application. Targeted information to patients' needs have led to better adherence of self-management strategies [18]. Individual preferences are considered essential to ensure that the individual patients' needs and preferences are met. However, total individualization of information and advice for each patient may not be feasible.

### **Subgrouping patients**

Stratifying patients in groups with common characteristics based on symptoms may be a feasible solution [19]. The STarT (Stratified Targeted Treatment) Back Tool has been found successful in sub grouping LBP patients in three groups in relation to their risk (low, medium, or high) of a poor prognosis [20]. The STarT Back Tool includes nine questions to the patients and may thus be a relevant and highly feasible method of stratifying information in a web-application. Treating patients with LBP according to their risk of complexity have led to improvements in disability outcomes and time off work [21,22]. Stratification with STarT Back Tool can lead to one of three interventions: a minimal intervention delivered by general practitioners (GPs) (for patients at low risk), referral for supplement primary care treatment (for patients at medium risk), and additional cognitive-behavioural approaches to help address psychological and social obstacles to recovery (for patients at high risk) [23].

### **Which platforms and designs do patients prefer?**

In addition to evidence-based information and advice it is important to identify patients' preferred use of technologies in their search for health related knowledge. Some patients might prefer books or paper while others would search online for information and advice regarding their back pain. Elucidating the type of information platform they desire is important as it may be a deciding factor for future use and sustainability. Inappropriate design, missing content, and difficulties in understanding the information on the specific platform may become barriers for patients. It is therefore essential to know how patients with LBP want to use technology to gather health related knowledge.

### **Aim of the study**

The aim of this study protocol is to describe a study that will identify patients' preference for the content, design, and functionality for a web application with information and advices for patients with low back pain. Furthermore, the study will investigate potential differences in patient preferences between the three STarT Back groups.

## **METHODS**

The study is designed as a phenomenological qualitative study. The reporting of this qualitative interview study will follow the Standards for Reporting Qualitative Research [24]. The study includes interviews of patients with LBP seen by their general practitioner.

### **Inclusion/exclusion criteria**

Adult patients (>18 years of age) consulted by their general practitioner because of LBP with a minimum duration of 14 days are eligible to participate in this study. Patients are excluded if they do not have internet access, are pregnant, do not have Danish as their native language, have signs of serious underlying disease, or have been pain free in the two week period before the interview.

### **Research group characteristics**

The researchers involved in this project encompass a broad range of professional backgrounds including a socio-technological planner (PB), a humanistic computer scientist (AMK), two techno-anthropology students (DMH and LDV), a general practitioner (MBJ), a chiropractor (JH), and two physiotherapists (AR and MSR). This multidisciplinary group has a solid combined research experience and shall ensure a high quality study with thorough interpretation and reporting with focus on informing developers of a web-application about the end users' preferences. AR has performed a guideline implementation study during his PhD and succeeded in changing the referral rate of patients with low back pain in Denmark. AM and PB have more than 10 years of research experience in involving users in design of e-Health using Participatory Design. They have previously conducted a study of patients' design of digital technology support for diabetes [25]. MSR is experienced in developing and testing patient education material. MBJ and JH have been involved in the development of guidelines in Denmark and MBJ has been involved in developing the specific regional guideline (Table 1) [26]. The regional guidelines are in line with European



guidelines for LBP [27-28]. The guidelines compose the basic recommendation for information and advices, which should be reflected in the web-application.

**Table 1: Guideline recommendations for general practice**

Provide patients with information on low back pain
Provide patients with advice to promote self-management of low back pain
Advice to stay physically active and continue with normal activities as far as possible
Consider use of analgesics
Consider supplementary treatment (physiotherapy or chiropractic)

*Table 1: Key-points from the regional low back pain clinical guideline*

### **Development of the interview guide**

The interview guide is based on LBP literature and developed according to methods for designing semi-structured interviews [29]. Research questions and interview questions are developed in consensus between AR, PB, AMK, DMH, and LDV. The interview guide has been pilot tested three times and small adjustments have been made. The most important change was to allow patients to complete the questionnaire after the interviewers had left.

### **Data collection**

We will interview a total of 15 patients, five patients from each of the three STarT Back groups [21]. Data saturation is expected to be reached after 15 interviews. Additional interviews will be conducted if data saturation is not achieved after 15 interviews. The interviews will be performed with one patient and two interviewers. The interviews are scheduled to last for one hour and will follow a semi-structured interview guide (Appendix 1).

Following the interviews patients will be given a combined questionnaire including baseline information regarding age, gender, internet usage, interest in searching new knowledge, risk of complexity (the nine STarT Back questions), Roland Morris Disability questionnaire (23 item), pain duration, and pain intensity (NPR) (Appendix 2).

## **Approach**

A general practitioner, AR, or a medical staff member acts as recruiters and will invite patients to participate. Patients are being recruited when consulting general practice or from cold list recruitment among patients previously consulting general practice with LBP. The recruiters will register patients' names, collect contact information, and hand out a short description of the study. A researcher (AR) will contact the patients to provide further verbal information about the study and make an appointment for the interview if they are deemed eligible. AR is responsible for including a heterogeneous group of patients with five patients from each STarT Back group. Interviews will be conducted at least 24 hours after patients receive verbal information and arranging date and venue for the interview. The interviews will take place at the patients' home (unless the patient prefers another venue). This venue is chosen since it is where the patients cope with their everyday life with LBP and also where the information and technology they use will be present. The two interviewers (DMH & LDV) will provide written information and collect written informed consent from the patient. After the interview is completed, the patient will be asked to complete the questionnaire (Appendix 2). The two interviewers will be present while the patient fills in the questionnaire unassisted. The patients are allowed to ask the interviewer if they have trouble comprehending a question. If the patient prefers to postpone filling in the total questionnaire, the patient is encouraged to fill in the nine items in the STarT Back Tool and will be handed the rest of the questionnaire and a prepaid return envelope, with the address of the Research units. The data from the questionnaires will be analysed by AR to ensure an equal number of patients from each of the three STarT risk groups. During the last five interviews, information

regarding STarT will be collected by medical staff and/or AR before the scheduled interview (to ensure an equal number of patients in each of the three STarT Back groups). This will ensure that the two interviewers are not aware of which STarT risk group the patients belong to. Transcription of the interviews will be performed by DMH and LDV. AR is responsible for the data analysis; assisted by DMH and LDV; and supervised by PB and AMK. The audio-files and the questionnaire data will be kept on a secure server with access login and writing recording, hosted by the AAU with the head of the Research unit for General Practice (MBJ) as the owner of the data. The project leader (AR) and the two interviewers (DMH and LDV) will have full access to the data throughout the study and during the storage period with a maximum waiting time of 10 working days. Data will be stored for a minimum period of five years (not deleted before October, 28, 2021). The interviews will be conducted between 30th September and 28th October 2016.

#### **A nested study on interview methodology**

Data collected through the interviews will be used in a smaller research project lead by DMH and LDV. It will thus be reported separately by DMH and LDV. The nested study includes an analysis focusing on factors that influence the patients' acceptance of a web-application as an extension of the GPs consultation. The nested study is not expected to have any influence on the results gained from the primary study.

#### **Approval and Ethics**

This study was approved by the Danish Data Protection Agency (registration number 2015-57-0001). The study was not registered with the local ethics committee as this is not required for interview studies. Patients will give written informed consent.

## **Data analysis**

Data from the questionnaires (Appendix 2) will be presented as patient characteristics.

The interviews will be analysed following a phenomenological approach and using an interpretative analysis to identify patients' preferences for content and design of a web application. Furthermore, the study population will be divided in three groups according to the STarT Back risk groups and any differences between the groups will be explored comparing the low risk group with the medium risk group; and comparing the low risk group with the high risk group. All interviews will follow the semi-structured guide (Appendix 1). The coding of the interviews will be performed using the soft-ware package Nvivo, QSR International Pty Ltd., Victoria, Australia.

## **RESULTS**

Patients' baseline characteristics will be described. The interviews will be synthesised and common preferences for online information will be extracted. Furthermore the patients' needs and preferences for a web-application will be analysed to study any differences between the three STarT Back Tool risk groups.

## **DISCUSSION**

LBP has disabling consequences for many patients. In Denmark, patients with LBP are most often seen in general practice where, information and advice are given, and possible referrals to other healthcare professionals are performed. Traditionally general practitioners have had the option to hand out written information material, however the technical evolution in the possibilities to provide information on the Internet and the easy access to develop it-solutions give rise to new treatment opportunities. A tailored web-application may be an effective solution. Therefore, a web-application has the potential of expanding the consultation, supporting self-management, and providing long-term reassurance for patients with LBP. Existing web-applications with information on the Internet is of varied quality, rarely developed in collaboration the end user, and often not in line with current guidelines. A recent review on effective strategies to disseminate guideline recommendations to patients points to the importance of patient participation during the development process [30]. The findings of this study is planned to be integrated in a guideline concordant web-application for patients LBP. The web-application is planned to be recommended in addition to patients' usual treatment.

### **Conflicts of interests**

The authors declare no conflicts of interest.

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### **Submission of protocol**

This protocol was submitted 29th September 2016.

## REFERENCES

- (1) Hoy D, March L, Brooks P, Blyth F, Woolf A, Bain C, et al. The global burden of low back pain: estimates from the Global Burden of Disease 2010 study. *Ann Rheum Dis* 2014 Jun;73(6):968-974.
- (2) Hancock MJ, Maher CG, Laslett M, Hay E, Koes B. Discussion paper: what happened to the 'bio' in the bio-psycho-social model of low back pain? *Eur Spine J* 2011 Dec;20(12):2105-2110.
- (3) Nicholas MK, Linton SJ, Watson PJ, Main CJ, "Decade of the Flags" Working Group. Early identification and management of psychological risk factors ("yellow flags") in patients with low back pain: a reappraisal. *Phys Ther* 2011 May;91(5):737-753.
- (4) Cook CE, Taylor J, Wright A, Milosavljevic S, Goode A, Whitford M. Risk factors for first time incidence sciatica: a systematic review. *Physiother Res Int* 2014 Jun;19(2):65-78.
- (5) Lemeunier N, Leboeuf-Yde C, Gagey O. The natural course of low back pain: a systematic critical literature review. *Chiropr Man Therap* 2012 Oct 17;20(1):33-709X-20-33.
- (6) Calvo-Munoz I, Gomez-Conesa A, Sanchez-Meca J. Prevalence of low back pain during childhood and adolescence: a systematic review. *Rev Esp Salud Publica* 2012 Jul-Aug;86(4):331-356.
- (7) Traeger AC, Hubscher M, Henschke N, Moseley GL, Lee H, McAuley JH. Effect of Primary Care-Based Education on Reassurance in Patients With Acute Low Back Pain: Systematic Review and Meta-analysis. *JAMA Intern Med* 2015 May;175(5):733-743.
- (8) Gross AR, Kaplan F, Huang S, Khan M, Santaguida PL, Carlesso LC, et al. Psychological Care, Patient Education, Orthotics, Ergonomics and Prevention Strategies for Neck Pain: An Systematic Overview Update as Part of the ICON Project. *Open Orthop J* 2013 Sep 20;7:530-561.

- (9) Yu H, Cote P, Southerst D, Wong JJ, Varatharajan S, Shearer HM, et al. Does structured patient education improve the recovery and clinical outcomes of patients with neck pain? A systematic review from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. *Spine J* 2014 Apr 4.
- (10) Liddle SD, Gracey JH, Baxter GD. Advice for the management of low back pain: a systematic review of randomised controlled trials. *Man Ther* 2007 Nov;12(4):310-327.
- (11) Krismer M, van Tulder M, Low Back Pain Group of the Bone and Joint Health Strategies for Europe Project. Strategies for prevention and management of musculoskeletal conditions. Low back pain (non-specific). *Best Pract Res Clin Rheumatol* 2007 Feb;21(1):77-91.
- (12) Itz CJ, Geurts JW, van Kleef M, Nelemans P. Clinical course of non-specific low back pain: a systematic review of prospective cohort studies set in primary care. *Eur J Pain* 2013 Jan;17(1):5-15.
- (13) Burton AK, Waddell G, Tillotson KM, Summerton N. Information and advice to patients with back pain can have a positive effect. A randomized controlled trial of a novel educational booklet in primary care. *Spine (Phila Pa 1976)* 1999 Dec 1;24(23):2484-2491.
- (14) Bjoernes CD, Laursen BS, Delmar C, Cummings E, Nohr C. A dialogue-based Web application enhances personalized access to healthcare professionals--an intervention study. *BMC Med Inform Decis Mak* 2012 Sep 4;12:96-6947-12-96.
- (15) Roehrer E, Cummings E, Beggs S, Turner P, Hauser J, Micallef N, et al. Pilot evaluation of web enabled symptom monitoring in cystic fibrosis. *Inform Health Soc Care* 2013 Dec;38(4):354-365.
- (16) Lustria ML, Noar SM, Cortese J, Van Stee SK, Glueckauf RL, Lee J. A meta-analysis of web-delivered tailored health behavior change interventions. *J Health Commun* 2013;18(9):1039-1069.

- (17) Regionernes Sundheds-it. Strategi for IT-understøttelse af Empowerment: For et trygt, sikkert og effektivt sundhedsvæsen. 2011; Available at: [http://www.regioner.dk/~media/Mediebibliotek\\_2011/SUNDHED/Sundheds-it/Strategi%20for%20ITunderst%C3%B8ttelse%20af%20Patient%20Empowerment\\_2011.ashx](http://www.regioner.dk/~media/Mediebibliotek_2011/SUNDHED/Sundheds-it/Strategi%20for%20ITunderst%C3%B8ttelse%20af%20Patient%20Empowerment_2011.ashx), Aug 2014.
- (18) Foster NE, Hill JC, O'Sullivan P, Hancock M. Stratified models of care. *Best Pract Res Clin Rheumatol* 2013 Oct;27(5):649-661.
- (19) Fritz JM, Beneciuk JM, George SZ. Relationship between categorization with the STarT Back Screening Tool and prognosis for people receiving physical therapy for low back pain. *Phys Ther* 2011 May;91(5):722-732.
- (20) Foster NE, Mullis R, Hill JC, Lewis M, Whitehurst DG, Doyle C, et al. Effect of stratified care for low back pain in family practice (IMPACT Back): a prospective population-based sequential comparison. *Ann Fam Med* 2014 Mar-Apr;12(2):102-111.
- (21) Hill JC, Whitehurst DG, Lewis M, Bryan S, Dunn KM, Foster NE, et al. Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. *Lancet* 2011 Oct 29;378(9802):1560-1571.
- (22) Sowden G, Hill JC, Konstantinou K, Khanna M, Main CJ, Salmon P, et al. Targeted treatment in primary care for low back pain: the treatment system and clinical training programmes used in the IMPACT Back study (ISRCTN 55174281). *Fam Pract* 2012 Feb;29(1):50-62.
- (23) Henrotin YE, Cedraschi C, Duplan B, Bazin T, Duquesnoy B. Information and low back pain management: a systematic review. *Spine (Phila Pa 1976)* 2006 May 15;31(11):E326-34.
- (24) O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med* 2014 Sep;89(9):1245-1251.



- (25) Kanstrup AM, Bertelsen P, Nohr C. Patient innovation: an analysis of patients' designs of digital technology support for everyday living with diabetes. *HIM J* 2015;44(1):12-20.
- (26) The North Denmark Region. Regional low back pain guidelines. Available from. <https://www.sundhed.dk/sundhedsfaglig/praksisinformation/almen-praksis/nordjylland/patientforloeb/forloebbeskrivelser/l-muskel-skelet-system/laendesmerter>. Danish, 2013.
- (27) van Tulder M, Becker A, Bekkering T, Breen A, del Real MT, Hutchinson A, et al. Chapter 3. European guidelines for the management of acute nonspecific low back pain in primary care. *Eur Spine J* 2006 Mar;15 Suppl 2:S169-91.
- (28) Airaksinen O, Brox JI, Cedraschi C, Hildebrandt J, Klaber-Moffett J, Kovacs F, et al. Chapter 4. European guidelines for the management of chronic nonspecific low back pain. *Eur Spine J* 2006 Mar;15 Suppl 2:S192-300.
- (29) S. Brinkmann and L. Tanggaard, "Interviewet: Samtalen som forskningsmetode," in *Kvalitative metoder - en Grundbog*, 1st ed., H. Thiesen, Ed. Copenhagen: Hans Reitzel Forlag, 2010, pp. 29–54.
- (30) Schipper K, Bakker M, De Wit M, Ket JC, Abma TA. Strategies for disseminating recommendations or guidelines to patients: a systematic review. *Implement Sci* 2016 Jun 7;11(1):82.

## Appendix 1

Forskningsspørgsmål	Interviewspørgsmål
<b>Præsentation af interviewperson</b>	<p>Til en start, vil vi gerne høre hvordan du har det?</p> <ul style="list-style-type: none"> <li>- <i>Hvis familie – antal børn/alder?</i></li> <li>- <i>Hvad du laver til dagligt etc.?</i></li> </ul> <p>Hvad er din uddannelse?</p>
<b>Hvor meget deres rygsmerte fylder når de ikke har smerter</b>	<p>I forhold til din ryg, hvornår er du bedst tilpas i din hverdag?</p> <p>Gør du noget i din hverdag, for at undgå eller forebygge problemer med ryggen?</p> <ul style="list-style-type: none"> <li>- <i>Med problemer med ryggen mener vi at du får ondt eller agerer anderledes end du normalt ville gøre.</i></li> </ul> <p>Hvor finder du inspiration til hvad du skal gøre?</p> <ul style="list-style-type: none"> <li>- <i>Hvad synes du om det du finder?</i></li> </ul>
<b>Omfanget af patientens smerter</b>	<p>Hvor lang tid det er siden du første gang var til lægen med det?</p> <p>Har du været ved lægen flere gange med det?</p> <p>Hvor ofte oplever du at have ondt i ryggen?</p>
<b>Hvad er vigtigt for patienten i forhold til at have ondt i ryggen?</b>	<p>Hvor befinder du dig oftest, når du oplever problemer med ryggen?</p> <p><u>Øvelse:</u></p> <p>Vi vil rigtig gerne forstå hvad der er vigtigt for dig i dag i forbindelse med at have ondt i ryggen. Derfor har vi dette stykke papir med, hvor vi godt kunne tænke os at få lavet et billede af hvad der er vigtigt for dig i din dagligdag.</p> <p><i>Del 1: (Produktion)</i></p> <p>Vi vil gerne have dig til at skrive på disse post-it sedler, hvilken viden der er vigtigt for dig i din daglighed i forbindelse med at have ondt i ryggen?</p> <ul style="list-style-type: none"> <li>- <i>Hvordan får du adgang til den information?</i></li> </ul> <p><i>Del 2: (Prioritering)</i></p> <p>Nu skal du, prioriterer de 3 ting du finder vigtigst ifm. at have ondt i ryggen. Du får 6 magneter som skal fordeles på de tre vigtigste.</p> <p><i>Del 3: (Refleksion)</i></p> <p>Hvorfor er de her ting vigtigst? Start med den der er mest vigtigt.</p> <p>Ville det her billede se anderledes ud, hvis vi havde bedt dig om at lave den lige da du havde fået ondt i ryggen?</p>
<b>Hvordan påvirker smerterne deres dagligdag</b>	<p>Hvordan påvirker det dig når du har ondt?</p>

<p><b>Handling ved smerte</b></p> <p><i>Tegne/visualisere nuværende hjælpemidler</i></p>	<p>Hvis vi går videre til hvordan du håndterer dine smerter.</p> <p><u>Øvelse:</u> <i>Del 1: (Produktion)</i> Vi vil høre om du kan vise os/hente, hvad du bruger/fortager dig i forbindelse med at have ondt i ryggen? (Vi/de noterer efterfølgende tingene på post-it sedler)</p> <p><i>Del 2: (Refleksion)</i> Hvorfor anvender du disse ting?</p> <p>Ville billedet se anderledes ud hvis vi havde bedt dig om at lave den her oversigt lige da du havde fået ondt i ryggen?</p> <p>Hvordan har du opnået den viden du har i dag til at håndtere dine smerter?</p>
<p><b>Forståelse for egen sundhed</b></p> <p><b>Interesse og evner</b></p>	<p>Kender du årsagen til at du har ondt i ryggen?</p> <ul style="list-style-type: none"> <li>- <i>Hvor har du den viden fra?</i></li> </ul> <p>Hvilken information/viden har du opsøgt for at forstå dine smerter?</p> <ul style="list-style-type: none"> <li>- <i>Hvor fandt du den?</i></li> <li>- <i>Hvilken form var den i?</i></li> </ul>
<p><b>Hvilken slags information har de brug for?</b></p>	<p>Søger du i dag efter information om rygproblemer og hvad man selv kan gøre?</p> <p>Hvad kræver det for at information du selv søger er anvendelig for dig, herhjemme?</p> <p>På en skala fra 0 - 10, hvor vigtigt er det så for dig, at oplysningerne på hjemmesiden er noget du kan relatere til med netop den situation du står i, ift. din ryg?</p>
<p><b>Brug af hjælpemidler til at søge</b></p>	<p>Hvad bruger du i dag til at finde information omkring den situation du står i ift. din ryg? (Bøger, hjemmesider)</p> <p>Hvad er godt ved de steder (sider) du bruger nu?</p> <p>Er der noget som disse sider ikke giver dig?</p> <p>Hvilke teknologier bruger du herhjemme?</p>
<p><b>Anvendelig af hjemmeside</b></p>	<p>Når du går ind på en hjemmeside, hvad er så vigtigt for dit førstehåndsindtryk?</p> <p>(Forklar ideen som omhandler):</p> <ul style="list-style-type: none"> <li>- Udvikling af informations materiale til patienter med ondt i ryggen, på baggrund af interviews</li> <li>- Lægen kan efter konsultationen kan anbefale patienter til et sted (web app, app, hjemmeside) hvor der vil kunne findes mere information.</li> <li>- Vi vil gerne høre dig, hvad der skal til før du vil bruge sådan et sted til at finde information,</li> </ul> <p><u>Øvelse:</u> <i>Del 1:</i> Vi har taget de her billeder med, hvor vi gerne vil have dig til at vælge 3 billeder, som kan hjælpe dig med at forklare hvilke aspekter du synes er vigtigst i forhold til at bruge sådan en løsning (web app, app, hjemmeside)?</p>

	<p><i>Del 2:</i></p> <p>Er der flere billeder du synes vil kunne bruges til at illustrere nogle aspekter du synes er vigtige for at anvende teknologi til at finde oplysninger /informationer?</p> <ul style="list-style-type: none"> <li>- <i>Er der nogle aspekter der vil gøre at du vil blive på denne hjemmeside frem for andre?</i></li> <li>- <i>Er der nogle aspekter der vil gøre at du vil forlade siden og finde en anden?</i></li> </ul> <p>På hvilken måde vil du foretrække at modtage informationen?</p>
<b>Troværdighed af hjemmeside</b>	<p>I hvilke situationer spørger en sundhedsfaglig person om information?</p> <p>I hvilke situationer søger du selv informationen.</p> <p>Hvad synes du forskellen er mellem at søge om det selv og få informationerne fra en sundhedsprofessionel?</p>
<b>Anvendelighed af erfaringsdeling blandt patienter</b>	<p>Kender du til patientnetværk?</p> <p>Hvad vil patientnetværk kunne gøre for patienter med ondt i ryggen?</p> <ul style="list-style-type: none"> <li>- <i>For dig?</i></li> <li>- <i>Hvad tænker du det ville kunne give dig at høre om andre rygpatienters oplevelser?</i></li> </ul>
<b>Hvad var vigtigt for patienten dengang de startede med at få ondt i ryggen?</b>	<p>Hvis en af dine bekendte eller kolleger får ondt i ryggen – og du gerne vil give dem en gave, hvad skulle den så indeholde?</p>
<b>Afrunding</b>	<p>Inden vi afslutter, vil vi bede dig udfylde dette spørgeskema.</p> <ul style="list-style-type: none"> <li>- Svarene skal bruges til at vi i forskningsprojektet kan beskrive deltagernes smerter og begrænsninger i funktion.</li> <li>- Vi behøver ikke se hvad du svare, og du kan ligge dem i den her konvolut.</li> </ul> <p>Slutteligt vil vi høre, om vi må have lov at kontakte dig igen, hvis vi har nogle opfølgende spørgsmål?</p> <p style="text-align: right;">Tusind tak for din hjælp.</p>

## Appendix 2:

"Tænk tilbage på de seneste 2 uger og vælg dit svar på følgende spørgsmål"

		Nej	Ja
		0	1
1	I løbet af de seneste 2 uger har mine ryg smerter <b>bredt sig ned i mit/mine ben</b>	<input type="checkbox"/>	<input type="checkbox"/>
2	Jeg har haft smerter i mine <b>skuldre</b> eller <b>nakke</b> i løbet af de seneste 2 uger	<input type="checkbox"/>	<input type="checkbox"/>
3	Jeg har kun <b>gået korte afstande</b> på grund af mine ryg smerter	<input type="checkbox"/>	<input type="checkbox"/>
4	I løbet af de seneste 2 uger har jeg <b>klædt mig langsommere på</b> end normalt på grund af ryg smerter	<input type="checkbox"/>	<input type="checkbox"/>
		Uenig	Enig
		0	1
5	Det er egentligt ikke <b>sikkert</b> for en person i min tilstand at være fysisk aktiv	<input type="checkbox"/>	<input type="checkbox"/>
6	Jeg har været <b>bekymret</b> meget af tiden	<input type="checkbox"/>	<input type="checkbox"/>
7	Jeg føler mine ryg smerter er <b>forfærdelige</b> og de bliver <b>aldrig bedre</b>	<input type="checkbox"/>	<input type="checkbox"/>
8	Generelt har jeg ikke <b>nydt</b> alle de ting, som jeg plejede at nyde	<input type="checkbox"/>	<input type="checkbox"/>

9. Overordnet set, hvor generende har dine ryg smerter været de seneste 2 uger?

Slet ikke	Lidt	Middel	Meget	Ekstremt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Når du har ondt i ryggen eller benene, er nogle af de ting, du plejer at gøre måske blevet mere vanskelige. Dette skema indeholder nogle sætninger, som folk med rygsmerter eller bensmerter (iskias) har brugt til at beskrive sig selv. Nogle af sætningerne skiller sig måske ud, fordi de netop beskriver dig, som du har det i dag. Efterhånden som du læser listen, skal du **tænke på dig selv i dag**. Når du læser en sætning, der beskriver, hvordan du har det *i dag* - skal du sætte kryds ved **JA**. Hvis sætningen ikke beskriver din tilstand *i dag*, sætter du kryds ved **NEJ**.

	<u>JA</u>	<u>NEJ</u>
10. Jeg bliver hjemme det meste af tiden på grund af mit rygproblem eller bensmerter (iskias)	<input type="checkbox"/>	<input type="checkbox"/>
11. Jeg skifter ofte stilling i et forsøg på at gøre det behageligt for ryg eller ben	<input type="checkbox"/>	<input type="checkbox"/>
12. Jeg går langsommere end sædvanligt på grund af mit rygproblem eller bensmerter (iskias)	<input type="checkbox"/>	<input type="checkbox"/>
13. På grund af mit rygproblem eller bensmerter (iskias) foretager jeg mig ikke nogle af de ting, som jeg sædvanligvis gør i og omkring huset	<input type="checkbox"/>	<input type="checkbox"/>
14. På grund af mit rygproblem eller bensmerter (iskias) bruger jeg gelænderet, når jeg skal op ad trapper	<input type="checkbox"/>	<input type="checkbox"/>
15. På grund af mit rygproblem eller bensmerter (iskias) er jeg nødt til at holde ved noget, når jeg skal op fra en lænestol	<input type="checkbox"/>	<input type="checkbox"/>
16. Jeg kommer langsommere i tøjet end sædvanligt på grund af mit rygproblem eller bensmerter (iskias)	<input type="checkbox"/>	<input type="checkbox"/>
17. Jeg står kun op i kort tid på grund af mit rygproblem eller bensmerter (iskias)	<input type="checkbox"/>	<input type="checkbox"/>
18. På grund af mit rygproblem eller bensmerter (iskias) prøver jeg at undgå at bukke mig eller at gå ned i knæ	<input type="checkbox"/>	<input type="checkbox"/>
19. Jeg synes det er vanskeligt for mig at komme op fra en lænestol på grund af mit rygproblem eller bensmerter (iskias)	<input type="checkbox"/>	<input type="checkbox"/>
20. Jeg har næsten hele tiden ondt i min ryg eller ben	<input type="checkbox"/>	<input type="checkbox"/>
21. Jeg synes det er svært at vende mig i sengen på grund af mit rygproblem eller bensmerter (iskias)	<input type="checkbox"/>	<input type="checkbox"/>

- |   | <u>JA</u>                | <u>NEJ</u>               |
|---|--------------------------|--------------------------|
| 22. Jeg har vanskeligt ved at tage mine sokker eller strømper på, på grund af smerterne i ryg eller ben   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Jeg spadserer kun korte afstande på grund af min ryg eller bensmerter (iskias)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Jeg sover mindre godt på grund af mit rygproblem eller bensmerter (iskias)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Jeg undgår tungt arbejde i og omkring huset på grund af mit rygproblem eller bensmerter (iskias)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. På grund af mit rygproblem eller bensmerter (iskias) er jeg mere irritabel og i dårligt humør overfor folk end ellers                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. På grund af mit rygproblem eller bensmerter (iskias) går jeg langsommere op ad trapper end ellers   | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Jeg bliver i sengen det meste af tiden på grund af mine ryg- eller bensmerter (iskias)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. På grund af mit rygproblem eller bensmerter (iskias) er min seksuelle aktivitet faldet  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Jeg bliver ved med at gnide på eller holde på de steder på min krop, hvor det gør ondt eller er ubehageligt                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. På grund af mit rygproblem eller bensmerter (iskias) laver jeg mindre af det daglige arbejde i og omkring huset end, hvad jeg ellers ville gøre | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Jeg giver overfor andre folk ofte udtryk for bekymring over, hvad der måske er ved at ske med mit helbred                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Hvor højt vurderer du dine ryg eller bensmerter (iskias) i dag (0= ingen smerter og 10=de værste tænkelige smerter). Sæt ét kryds:              |                          |                          |

                                      

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(0)    (1)    (2)    (3)    (4)    (5)    (6)    (7)    (8)    (9)    (10)

34. Hvor ofte søger du oplysninger om sundhed og helbred på internettet? Sæt ét kryds:

- Flere gange dagligt .....
- En gang om dagen.....
- Flere gange om ugen.....
- En gang om ugen.....
- Mindre end en gang om ugen .....
- Flere gange om måneden.....
- En gang om måneden.....
- Mindre end en gang om måneden.....

35. Hvor nysgerrig er du generelt efter at finde ny viden, hvis du sammenligner dig med en jævnaldrende?

(0 = jeg er ikke særlig nysgerrig og 10 = jeg er ekstremt nysgerrig). Sæt ét kryds:

                            

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(0)   (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)

36. Hvornår oplevede du rygmerter første gang? Sæt ét kryds:

- For under 6 uger siden .....
- For mellem 6 uger og 12 uger siden.....
- For over 12 uger siden.....

37. Min alder \_\_\_\_\_