Supplementary Material 1: Checklist for assessing pain

Setting:
- Ensure factors that limit communication are addressed, including but not limited to:
  - Language barriers, speech or hearing disabilities, neurodivergence and learning disabilities
- Understand the patient as an individual:
  - Acknowledge the unique way each person experiences a condition and its impact on their life
- Assess impact on domestic, social, sexual and work situations
- Build trust and rapport
- Show empathy
- Acknowledge distress

History:
- Severity of pain (see below)
- Location of pain
- Frequency and duration of pain
- Mode of onset and location
- Associated symptoms e.g. nausea and/or vomiting, increased stool frequency, anxiety
- Nature of pain e.g. colicky, burning etc
- Provocative and relieving factors e.g. relation to eating and bowel movements

Severity of pain:
- No specific pain scale exists for inflammatory bowel disease
- Use of numerical rating scales for pain intensity, pain-related distress, and interference with activity help to assess pain and track changes in pain over time.
- Ideally pain scales should include current pain intensity and average pain intensity over a specified period, for example, last 1 week or 4 weeks.

E.g.
- Numeric rating scale (0-10)
- Visual analogue scale (0-10)
- Brief Pain Inventory (short or long form)
- The Patient-Reported Outcomes Measurement Information System (PROMIS) Pain Interference
Medication:
- Previous pain killer use:
  - Dosage
  - Frequency of use
  - Duration of use
  - Perceived effect
  - Side effects
- Over the counter medications
- Ensure that you ask about all pain killers including for other indications e.g. musculoskeletal pain
- All other non-pain killer medications
- Allergies/intolerances

Assessment:
- Clinical examination where possible

Management:
- Collaborative creation of a pain management approach plan.
- Discuss the acceptability and availability of the pain management approach.
- Set a date for reassessment, particularly where pharmacological therapies are included to assess side effects.
- Written confirmation of the plan shared with the patient, primary care practitioner and other involved specialties and/or pain services.

https://www.nice.org.uk/guidance cg138/chapter/1-Guidance