

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 disabilities¹
- Understand the patient as an individual:
 - Acknowledge the unique way each person experiences a condition and its impact on their life¹
- Assess impact on domestic, social, sexual and work situations¹
- 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.

1. *Patient Experience in Adult NHS Services: Improving the Experience of Care for People Using Adult NHS Services*. The National Institute for Health and Care Excellence; 2021. Accessed May 25, 2023. <https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance>