**The influence of pain education on pain responses to exercise in people with chronic pain and healthy individuals (HC15438)**

**SCRIPT FOR INITIAL PHONE CONVERSATION**

*Researcher receives phone call from volunteer in response to recruitment advertisement*

Hi,

Thank you for your expression of interest in the study. I would just like to ask you a few questions to confirm you are a good fit for the study:

1) Will you be willing and able to attend NeuRA/UNSW at Randwick for one visit in the coming weeks or months? Y / N

2) Will you be willing to participate in an experiment that involves exposure to moderately painful stimuli and exercise? Y / N

**For volunteers with chronic pain only:**

3) Will you be potentially willing for your medical history to be discussed with a specialist clinician member of our research team? Y/ N

*If volunteer answers ‘yes’ to all of the above questions, researcher continues as follows:*

Since you have answered yes to these questions it seems that you might be able to be involved in the study. The next step will be that I ask a few simple questions that relate to the study inclusion and exclusion criteria that you would have seen on the recruitment advertisement. Please note that you may choose not to answer any of the following questions at any time.

Do I have your permission to ask these questions? Y / N

*If no, researcher thanks volunteer for their time and phone call ends*

*If yes, researcher asks the questions below*

**PARTICIPANT INCLUSION CRITERIA**

**Volunteers with chronic pain:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: M / F**

**Diagnosis:** Fibromyalgia Knee osteoarthritis Hip osteoarthritis

**Do you use a specialist or GP to help you manage this condition?** Specialist / GP

**PARTICIPANT EXCLUSION CRITERIA**

* **Diagnosed with any other serious medical illnesses (i.e. psychiatric, cardiovascular etc)**
* **Diagnosed with any other medical condition that might explain your pain**
* **Not able to refrain from pain medication use for 24 h prior to the study**

*Provided volunteer is still eligible, researcher then obtains contact information from the volunteer (email and postal address and phone number), thanks them for their time and notifies them that they will be in touch shortly with further details.*

**Healthy volunteers:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: M / F**

**Do you currently have pain**? **Y / N**

**Have you ever experienced pain for longer than 3 months**? **Y / N**

**Are you aware of any reason that it is not medically suitable for you to exercise or do you have any medical conditions that could be made worse by participating in exercise?** **Y / N**

*If volunteer answers ‘no’ to all of the above questions, researcher then obtains contact information from the volunteer, thanks them for their time and notifies them that they will be in touch shortly with further details.*