

## Glossary

Term (alphabetical order)	Working definition
<b>Ability to do unpaid work activity*</b>	
<b>Ability to maintain relationships/to maintain relationships in the presence of persistent pain*</b>	
<b>Activities to compensate pain*</b>	
<b>Actual work status</b>	Full- or part-time employment.
<b>Autonom function*</b>	
<b>Avoidance of movement</b>	Avoidance of movement based on the fear of pain (Vlaeyen and Linton, 2000).
<b>Body awareness*</b>	
<b>(Daily) chronic headache</b>	Also <i>chronic daily headache</i> ; headache that occurs on $\geq 15$ days/month for $>3$ months (International Headache Society, 2014).
<b>Chronic pain</b>	$\nearrow$ Pain that persists beyond normal tissue healing time, which is assumed to be 3 months.
<b>Clinical trial</b>	An experiment to compare the effects of two or more healthcare interventions. Clinical trial is an umbrella term for a variety of designs of healthcare trials, including uncontrolled trials, controlled trials, and randomised controlled trials (The Cochrane Collaboration, 2014).
<b>COMET</b>	The COMET (Core Outcome Measures in Effectiveness Trials) Initiative brings together people interested in the development and application of agreed standardised sets of outcomes, known as 'core outcome sets' ( $\nearrow$ Core outcome set) (COMET, 2014).
<b>Confidence to live with pain*</b>	
<b>Consensus process</b>	Coming to an agreement by generating a proposal, identifying unsatisfied concerns and modifying the proposal to generate as much agreement as possible; the transfer into decisions are made by predefined, definite rules (i.e. $\geq 70\%$ of agreement, $< 20\%$ of disagreement necessary).
<b>Construct validity</b>	An aspect of $\nearrow$ validity; degree to which the scores of an HR-PRO instrument are consistent with hypotheses based on the assumption that the HR-PRO instrument validly measures the construct to be measured (Mokkink et al. , 2010).

<b>Content validity</b>	An aspect of <i>validity</i> ; degree to which the content of an HR-PRO instrument is an adequate reflection of the construct to be measured (Mokkink, Terwee, 2010).
<b>Coping in general</b>	The use of behavioral and cognitive techniques to manage stressful demands (Lazarus and S., 1984).
<b>Core area</b>	An aspect of health or a health condition that needs to be measured to appropriately assess the effects of a health intervention; broad concepts consisting of a number of <i>domains</i> (Boers et al. , 2013).
<b>Core outcome set (COS)</b>	Standardized set of outcomes which should be measured and reported ( <i>core domain set</i> ) or also how they should be measured ( <i>core outcome measurement set</i> ), as a minimum, in all effectiveness trials for a specific health area. For <i>daily record keeping</i> , the concept of COS was adopted for <i>VAPAIN</i> .
<b>Core outcome set of domains</b>	The minimum set of (sub)domains necessary to adequately cover all <i>core areas</i> , i.e. fully measure all relevant concepts of a specific health condition within a specified setting; describes <u>what</u> to (Boers et al. , 2014).
<b>Core outcome set of measurement instruments</b>	The minimum set of outcome measurement instruments that must be administered in each intervention study of a certain health condition within a specified setting to adequately cover a corresponding <i>core outcome set</i> ; describes <u>how</u> to measure (Boers, Kirwan, 2014).
<b>COSMIN</b>	“Consensus-based Standards for the selection of health Measurement Instruments”; an initiative to improve the selection of measurement instruments in medicine (COSMIN, 2014).
<b>Daily physical activity*</b>	
<b>Daily record keeping</b>	Daily record keeping is defined as assessment and documentation of outcomes in daily clinical practice/routine care (e.g. patients with comorbidities, limited time or resources).
<b>Depressive symptoms</b>	Mood dominated by the emotion of sadness and is associated with feelings of sorrow, hopelessness, and gloom (Kendall and Watson, 1989).
<b>Difficulty concentrating due to pain*</b>	

<b>Disability (in general)</b>	Umbrella term, covering impairments (problem in body function or structure), activity limitations (difficulty encountered by an individual in executing a task or action), and participation restrictions (problem experienced by an individual in involvement in life situations) (World Health Organization, 2014b).
<b>Discrimination</b>	An aspect of the <i>OMERACT Filter 2.0</i> ; captures issues of <i>reliability</i> and <i>sensitivity to change</i> (Boers, Kirwan, 2013).
<b>(Sub)Domain</b>	Component of <i>core area</i> ; a concept to be measured, a further specification of an aspect of health, categorized within a <i>core area</i> (Boers, Kirwan, 2013).
<b>Engagement in leisure activities*</b>	
<b>Fatigue due to pain*</b>	
<b>Fear of pain</b>	A distressing emotion aroused by impending pain.
<b>Feasibility</b>	An aspect of the <i>OMERACT Filter 2.0</i> ; captures an essential element in the selection of measures, one that may be decisive in determining a measure's success (Boers, Kirwan, 2013).
<b>Functional disability</b>	Functional disability is defined as limitation with different types of functional activities and their extent of limitation.
<b>General fear</b>	A distressing emotion aroused by impending danger, evil, pain, etc., whether the threat is real or imagined (Dictionary.com, 2014).
<b>General self-efficacy</b>	General self-efficacy is the extent or strength of one's belief in one's own ability to complete tasks and reach goals (Bandura, 1993).
<b>Health related Quality of life</b>	The functional effect of a medical condition and/or its consequent therapy upon a patient. HRQOL is thus subjective and multidimensional, encompassing physical and occupational function, psychological state, social interaction and somatic sensation (ISOQOL, 2014).
<b>HOME</b>	HOME (Harmonising Outcome Measures for Eczema) is a group of people who are working together to agree a <i>core set of outcome measures</i> for use in all atopic eczema clinical trials (HOME, 2014).

<b>IMMPACT</b>	The mission of the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) is to develop consensus reviews and recommendations for improving the design, execution, and interpretation of clinical trials of treatments for pain (IMMPACT, 2014).
<b>Internal consistency</b>	An aspect of ↗reliability; the degree of the interrelatedness among the items (Mokkink, Terwee, 2010).
<b>Interpretability</b>	the degree to which one can assign qualitative meaning - that is, clinical or commonly understood connotations – to an instrument’s quantitative scores or change in scores (Mokkink, Terwee, 2010).
<b>Measurement error</b>	The systematic and random error of a patient’s score that is not attributed to true changes in the construct to be measured (Mokkink, Terwee, 2010).
<b>Mental health</b>	A state of complete mental well-being and not merely the absence of disease or infirmity.
<b>Multimodal pain therapy (functional restoration)</b>	According to the German Pain Society interdisciplinary multimodal pain therapy is defined as the simultaneous, contextual, temporal and coordinated, comprehensive strategy to treat chronic pain patients integrating different somatic, physical as well as psychological treatment approaches with identical and within the therapeutic team consensual therapeutic aims (Arnold et al. , 2009). The standardized treatment is performed by a team of physicians of different disciplines, psychotherapists or clinical psychologists and other disciplines such as physiotherapists, ergo therapists, and others. The objective and subjective restoration with increased controllability and the sense of competence of the patients is the central aim of this resource-orientated approach (Arnold, Brinkschmidt, 2009).

<b>OMERACT</b>	OMERACT (Outcome Measures in Rheumatology) is an independent initiative of international health professionals interested in outcome measures in rheumatology. Over the last 20 years, OMERACT has served a critical role in the development and validation of clinical and radiographic outcome measures in rheumatoid arthritis, osteoarthritis, psoriatic arthritis, fibromyalgia, and other rheumatic diseases (OMERACT, 2014).
<b>OMERACT Filter 2.0</b>	A comprehensive framework and process for developing $\nearrow$ core outcome measurement sets, which has been fruitful within rheumatology (Boers, Kirwan, 2013).
<b>Outcome</b>	Any identified result in a $\nearrow$ Domain arising from exposure to a causal factor or a health intervention (Boers, Kirwan, 2013).
<b>Pain (as a symptom)</b>	Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage (IASP, 2014).
<b>Pain diary and medication for at least 4 continuous days*</b>	
<b>Pain frequency i.e. attacks in migraine*</b>	
<b>Pain intensity/severity</b>	Pain intensity/severity is defined as how much a person hurts.
<b>Pain site</b>	Pain site is defined as the location of $\nearrow$ pain (e.g. low back).
<b>Pain-related catastrophizing</b>	Exaggerated negative orientation toward noxious stimuli (Vlaeyen and Linton, 2000).
<b>Pain-related coping</b>	The use of behavioral and cognitive techniques to manage with the pain.
<b>Pain-related disability</b>	$\nearrow$ Disability due to pain.
<b>Pain-related self-efficacy</b>	The confidence people with ongoing pain have in performing activities while in pain (Asghari and Nicholas, 2001).
<b>(Effect of MPT on) patient's individual treatment goals*</b>	
<b>Patient-relevant</b>	All “patient-reported outcomes” (PROs) ( $\nearrow$ patient-reported) as well as treatment outcomes specifically relevant to patients but reported e.g. by physicians or spouses are defined as “patient-relevant outcomes.”

<b>Patient-reported</b>	A patient-reported (PRO) is a measurement that is directly assessed by the patient, i.e. without the interpretation of the patient's responses by a physician or anyone else (to be differentiated from ↗patient-relevant).
<b>Patients global Impression of Change*</b>	
<b>Personal goal achievement*</b>	
<b>Physical function</b>	Ability to carry out activities that require physical actions, ranging from self-care (activities of daily living) to more complex activities that require a combination of skills, often within a social context (PROMIS, 2014).
<b>Physical health</b>	A state of complete physical well-being and not merely the absence of disease or infirmity (World Health Organization, 2014a).
<b>PROMIS</b>	Patient Reported Outcomes Measurement Information System (PROMIS), funded by the National Institutes of Health (NIH), is a system of highly reliable (↗reliability), valid (↗validity), flexible, precise, and responsive (↗responsiveness) assessment tools that measure patient-reported (↗patient-reported) health status (PROMIS, 2014).
<b>Psychological distress</b>	Measures the degree of psychological and/or emotional problems being experienced by the individual (thefreedictionary.com, 2014).
<b>Psychological/emotional distress/strain</b>	Psychological/emotional distress/strain measures the degree of psychological and/or emotional problems being experienced by the individual (Osipow and Davis, 1988).
<b>Quality of life</b>	Quality of life is individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.
<b>Quality of relationships and engagement in social activities*</b>	
<b>Reasons for dropout or withdrawal from treatment*</b>	
<b>Reliability</b>	The proportion of the total variance in the measurements which is due to 'true' differences between patients (Mokkink, Terwee, 2010).

<b>Responsiveness</b>	Responsiveness ( <i>↗sensitivity to change</i> ) is the ability of an HR-PRO instrument to detect change over time in the construct to be measured (Mokkink, Terwee, 2010).
<b>Sensitivity to change</b>	Please refer to <i>↗responsiveness</i> .
<b>Sick leave</b>	Absent days at work due to chronic pain.
<b>Sickness impact</b>	Change in behaviour as a consequence of illness <i>↗health-related quality of life</i> (de Bruin et al. , 1994, Gilson et al. , 1975).
<b>Social health</b>	A state of complete social well-being and not merely the absence of disease or infirmity.
<b>Structural validity</b>	An aspect of <i>↗validity</i> ; degree to which the scores of an HR-PRO instrument are an adequate reflection of the dimensionality of the construct to be measured (Mokkink, Terwee, 2010).
<b>Systematic literature review</b>	Are literature reviews that adhere closely to a set of scientific methods that explicitly aim to limit systematic error (bias), mainly by attempting to identify, appraise and synthesize all relevant studies (of whatever design) in order to answer a particular question (or set of questions) (Petticrew and Roberts, 2008).
<b>Test-retest-reliability</b>	An aspect of reliability ( <i>↗reliability</i> ); extent to which scores for patients who have not changed are the same for repeated measurement over time (Mokkink, Terwee, 2010).
<b>Truth</b>	An aspect of the <i>↗OMERACT Filter 2.0</i> ; captures issues of face, <i>↗content</i> , and <i>↗construct validity</i> (Boers, Kirwan, 2013).
<b>Use of analgesic medication/taken analgetics*</b>	
<b>Use of health care services/Use of health care resources*</b>	
<b>Validity</b>	Degree to which an HR-PRO instrument measures the construct(s) it purports to measure (Mokkink, Terwee, 2010).

<p><b>VAPAIN</b></p>	<p>VAPAIN (Validation and Application of a patient relevant core outcome set to assess effectiveness of multimodal PAIN therapy) is funded by the German Federal Ministry of Education and Research (BMBF 01GY1326). The project is a co-operation between the University PainCenter and the Center for Evidence-Based Healthcare.</p> <p>VAPAIN targets at the development of a methodological background to conduct studies to investigate effectiveness of multimodal pain therapy in clinical trials and daily record keeping. VAPAIN follows thereby initiatives such as <math>\nearrow</math>OMERACT, <math>\nearrow</math>COMET and <math>\nearrow</math>COSMIN, which have done much effort to enhance quality of clinical trials in health research over the last decades. The main focus of such initiatives is to ensure a more secure and profound decision about therapy approaches and target patient population. A careful handling of resources of society and patient as well will be supported by that way (VAPAIN, 2014).</p>
<p><b>Work/work resumption</b></p>	<p>Work/work resumption is defined as return to either full- or part-time employment, to the previous job, and to the same role or with changes in work status (change of duties, working location, and function) (Euler et al. , 2013).</p>
<p><b>Working ability</b></p>	<p>Having the health and functional capacities (physical, mental, social), the education and competence, the values, attitudes as well as the motivation and the relevant occupational virtues required for managing some kind of job, assuming that the work tasks are reasonable and that the work environment is acceptable (Ilmarinen, 2001, Tengland, 2011).</p>



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