

- Health Locus of Control (MHLC) Scales. *Health Educ Monogr* 1978;6(2):160-70.
60. Talbot F, Nouwen A, Gauthier J. Is health locus of control a 3-factor or a 2-factor construct? *J Clin Psychol* 1996;52(5):559-68.
  61. Vallerand RJ. Vers une méthode de validation trans-culturelle des questionnaires psychologiques: implications pour la recherche en langue française. *Can Psychol* 1989;30:662.
  62. Kleinbaum DG, Kupper LL, Muller KE. *Applied regression analysis and other multivariable methods*. 2nd ed. Boston: PWS-Kent Publishing Company; 1988. p. 386-482.
  63. Breiman L, Friedman JH, Olshen RA, Stone CJ. *Classification and regression trees*. Pacific Grove (CA): Wadsworth & Brooks; 1984. 368 p.
  64. Hanley JA, McNeil BJ. The meaning and use of the area under a receiver operating characteristic (ROC) curve. *Radiology* 1982;143:29-36.
  65. Dionne CE, Koepsell TD, Von Korff M, Deyo RA, Barlow WE, Checkoway H. Predicting long-term functional limitations among back pain patients in primary care settings. *J Clin Epidemiol* 1997;50:31-43.
  66. McIntosh G, Frank J, Hogg-Johnson S, Hall H, Bombardier C. Low back pain prognosis: structured review of the literature. *J Occup Rehabil* 2000;10(2):101-15.
  67. Thomas E, Silman AJ, Croft PR, Papageorgiou AC, Jayson MI, Macfarlane GJ. Predicting who develops chronic low back pain in primary care: a prospective study. *BMJ* 1999;318(7199):1662-7.
  68. Laupacis A, Sekar N, Stiell IG. Clinical prediction rules. A review and suggested modifications of methodological standards. *JAMA* 1997;277(6):488-94.

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## Appendix 1: List of constructs measured and considered as potential predictors

### Sociodemographic factors

- Age
- Current financial problems because of back pain
- Education
- Ethnic origin
- Gender
- Gross annual family income
- Living with spouse
- Maternal language
- Number of household members
- Number of children under 5 years of age

### Anthropometric factors

- Body mass index (kg/m<sup>2</sup>)
- Hand dominance
- Height
- Weight

### Psychological factors

- Aggressiveness
- Exposure to stressful events during the past 12 months: changed job for worse, divorced or separated, financial problems, got gravely ill, significant other became gravely ill, death of spouse, death of other significant person)
- Fear-avoidance beliefs — activity
- Fear-avoidance beliefs — work
- Health locus of control (internal, external, chance)
- Pain-control strategies
- Psychological trauma before age 18
- Self-efficacy with regard to work capacity
- Symptoms of depression
- Symptoms of somatization
- Social support outside work

### Health behaviour factors

- Alcoholism
- Cigarette smoking
- Coffee and tea consumption
- Physical activity and sports participation when not in pain
- Regular meditation or relaxation
- Sleep during past 2 weeks
- Usual duration of sleep

### Clinical factors, history of back pain

- Age at menopause
- Average pain over the past 6 months
- Current functional limitations
- Current pain level
- Diagnostic category
- Duration of current episode at time of consultation
- Duration of pain, past 6 months
- Number of previous surgeries for back pain
- Number of days with pain since index consultation
- Number of times gave birth
- Pain radiating to upper or lower limb?
- Previous back pain episode(s) affecting work capacity and, if any, when?
- Reduction of daily life activities because of back pain, over the past 6 months
- Reduction of work capacity because of back pain, past 6 months
- Self-reported health status
- Self-reported type of back pain
- Site of pain
- Spitzer classification<sup>10,70</sup>
- Worst pain (level) in past 6 months
- Number of years since onset of back pain

**Appendix 1: List of constructs measured and considered as potential predictors** (continued)**Dramatization of diagnosis**

- “The doctor asked you to get an x-ray, a CT scan, myelography, MRI (magnetic resonance imaging), or other radiological examination”
- “The doctor told you to stay in bed” (and no. of days recommended)
- “The doctor asked you to schedule a check-back visit”
- “The doctor mentioned that you might need surgery for your back problem”

**Utilization of health services**

- Duration of index medical consultation
- Number of visits to the same clinic during the past 12 months
- Number of hospitalizations for back pain during the past 12 months
- Perception that doctor’s diagnosis of back problem is correct
- Satisfaction with health services since the index consultation
- “The doctor asked you to undress for the physical examination of your back”
- “The doctor, physical therapist, or another health professional helped you learn exercises for your back to help in your recovery”
- “The doctor showed interest in you as a person”
- “The doctor asked about your lifestyle and stress that may affect your back pain”
- “The doctor discussed options with you, asked your opinion, and offered choices about the care of your back pain”
- “The doctor relieved any concern about the cause of your back pain”
- “Your visit to the doctor helped you feel that you could control your back pain”
- “You were treated like your back pain was an important problem, and not ‘all in your head’”
- “The doctor listened carefully while you described your back problem”
- “The doctor took time to answer all your questions about your back pain”
- “The doctor asked you about your occupation and took time to give you advice”
- “Your doctor, physical therapist or another professional showed you how to work to protect your back from injury”
- Weight of the medical file

**Occupational factors**

- Adaptation of work environment is possible
- Change of job or employer in the past 12 months
- Company size
- Current financial compensation for back pain
- Days of sick-leave permitted without a medical certificate
- Declared occupational disorder
- Effort–reward imbalance (Siegrist’s model)
- Exposure to cold at work
- Job decision latitude (Karasek’s model)
- Job satisfaction
- Job seniority
- Job status at time of consultation: permanent, occasional/seasonal, self-employed, other
- Likelihood of losing job during the next 2 years
- Number of days off work or with modified duties or schedule, over the past 12 months
- Number of jobs held
- Number of previous periods of sick-leave, modified duties, or modified schedule because of back pain over the past 10 years
- Pace of work
- Physical demands of job: sitting and standing, forward and lateral trunk flexion, rotation of the trunk, manipulation of charges, efforts made with tools, lifting or transportation of persons, whole-body vibration, physical strength
- Previous financial compensation for back pain
- Psychological demands of work (Karasek’s model)
- Responsibility for household chores
- Satisfaction concerning possibilities of work adaptation
- Social support at work
- “Supervisor takes back pain seriously”
- Time to commute to work
- Unionized job
- “When did you modify work or stop working for the current episode of back pain?”
- Work schedule: full-time, part-time
- Work shift: day, evening, night, variable
- Work status at time of consultation: at regular job, completely off work, modified duties, modified schedule, modified job assignment