**Appendix 1.** Interview guide

Thank you for participating in this interview. This study will ask you questions about the use of reassurance for the management of low back pain in clinical practice.

As we discuss your ideas and opinions, you can reflect generally on your experiences as a physiotherapist or chiropractor and cases that you have managed. Please do not provide any details related to specific patients or cases that would impact patient confidentiality.

Everything you say will be strictly confidential and your name will be removed from the transcripts. I would like to audio-record the interview so it can be transcribed with any identifying names removed. You will not be identifiable in the interview transcript. Do I have your permission to record this interview? The interview will last about 20 minutes. If there are any questions you don’t want to answer just let me know, and you can stop the interview at any time.

1. What does “reassurance” mean to you with respect to the management of patients with low back pain?
   1. How important do you feel providing patient reassurance is? (TDF domain: beliefs about consequences)
   2. Reassurance is defined by the act of reducing fear, worry or concern about something. What does that mean to you and for your clinical practice? (TDF domain: social/professional role)

Some people think of reassurance as a way of demonstrating empathy to the patient (regardless of the reality of the situation), whereas others feel that reassurance can provide empathy, but ultimately must reflect the facts. How does this definition relate to how you deliver reassurance? (TDF domain: skills)

1. How do you provide reassurance during consultations for patients with LBP?
   1. Think back to some of your recent LBP patients who needed reassurance. What did you say to them? Do you use any words, analogies or statistics to support your reassurance? (TDF domain: skills)
   2. When (what circumstances) do you apply reassurance?
   3. Do you modify your reassurance for individual patients? If yes, how you do this?
   4. Of the next ten patients who come in with back pain, how many of them do you intend to give reassurance to? Why/Why not? (TDF domain: intentions and goals)
2. What do you think will happen if you do/don’t give reassurance? (TDF: beliefs about consequences)
   1. How do you think the consult would proceed/progress? (TDF domain: beliefs about consequences)
   2. How do you think people react when you give reassurance? (positively/negative) (TDF domain: beliefs about consequences)
   3. Are there times when reassurance is easier? What makes this so (ie, can include patient characteristics)? (TDF domain: beliefs about capabilities)
3. Are there times that it is harder to reassure patients? Can you name some specific barriers to providing reassurance to patients? (TDF domain: beliefs about capabilities)
   1. If a patient is really upset, does reassurance become harder/easier? Does it make a difference how long you’ve known the patient or the rapport you already have with them? (TDF domain: cognitive, interpersonal skills and emotion)
   2. Is your confidence or ability to reassure patients impacted when there is uncertainty about the diagnosis?
   3. Do you think that a diagnosis is necessary for a patient to be reassured?
   4. How does delivering reassurance make you feel? (TDF: emotion and optimism)
   5. What do you see as the benefits of providing reassurance in clinical practice? (TDF domain: reinforcement)
   6. How confident are you in providing reassurance? (TDF domain: beliefs about capabilities)
   7. How would you say that you developed the skills to provide reassurance to LBP patients? (TDF domain: skills)
   8. How have you adapted your reassurance to accommodate this? Or how do you prioritise reassurance?
   9. As a chiro/physio, how central/important are skills in providing reassurance? Why/why not? (TDF domain: social/professional role and identity)
   10. Do most people clinicians who are important to you think that you should provide reassurance to people with low back pain? (TDF: social influences)
   11. To what extent is reassuring patients a part of your job as a physiotherapist or chiropractor. (TDF domain: social/professional role and identity)
   12. Do you think your colleagues use reassurance in the management of low back pain? (TDF domain: social/professional role and identity)
   13. How often do you forget to reassure patients with LBP? When does this tend to happen? (TDF domain: memory, attention and decision process)
   14. How do you record or reflect on whether you provide reassurance to patients or not? (TDF domain: behavioural regulation)
   15. Does your workplace provide you with the support and/or resources to provide reassurance to patients with LBP? (TDF domain: environmental context and sources)
4. Have you used any strategies to overcome any difficulties providing reassurance? (TDF domain: skills)
5. Are you aware of any recently published practice guidelines and what they said about reassurance? (TDF domain: knowledge)

Prompt – Can you name some specific guidelines and what their recommendations are about reassurance?

Do you have any colleagues who would be interested in participating?

Would you be comfortable passing on their contact details so that I can invite them to participate?