Multimedia Appendix C: Study Enrolment and Eligibility check

Record ID:

Study Identification Number:

Study site  
- RNSH
- RPAH

Has the patient read the PIS or the doctor has explained briefly about the study?  
- Has read the PIS
- Has not read the PIS but the doctor has explained the study
- None (provide a brief explanation)

Is the patient willing to proceed with the eligibility check and if eligible receiving the PIS and CF?  
- Yes
- No

<table>
<thead>
<tr>
<th>Eligibility check</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age 18 years or older</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
<tr>
<td>- Uncertain</td>
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</tbody>
</table>

2. Diagnosed with a chronic (> 3 months) pain condition  
- Yes
- No
- Uncertain

3. Using strong opioid analgesics at ≥ 40 mg/day OME for at least four weeks  
- Yes
- No
- Uncertain

Calculated OME (mg/day):

________________________

Current opioids and dose:

4a. Has been advised to taper opioids and agreed to do so  
- Yes
- No
- Uncertain

4b. Is currently following tapering plan at the time of eligibility screening  
- Yes
- No

Specify since when:

________________________

5. Able to understand written and spoken English  
- Yes
- No
- Uncertain

6. Owns a mobile phone that can receive text messages  
- Yes
- No
- Uncertain
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<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Able to give written informed consent and comply with study procedures</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Uncertain</td>
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<tr>
<td>8. Evidence of severe opioid use disorder</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
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<tr>
<td></td>
<td>Uncertain</td>
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<tr>
<td>9. Major, poorly controlled medical or mental health comorbidity</td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
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<td></td>
<td>Uncertain</td>
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<tr>
<td>10. Participation in another clinical trial (interventional) concurrently</td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
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<tr>
<td></td>
<td>Uncertain</td>
</tr>
</tbody>
</table>

Is the patient eligible to participate?  
- Yes
- No
- Uncertain (check eligibility and inform later)

**Contact details**

Patient's email address

Patient's phone number

Notes (e.g. any feasibility issue for this case at recruitment or any other note):