Supplementary material Br J Sports Med

Supplementary Table 1. Interview questions

| Common Sense | Interview Questions |
|----------------------------|---|
| Model Constructs | |
| Interpretation | Can you tell me the story about your hip pain and how it affects you? |
| Cause | 2. What do you think is the cause of your pain? Why? |
| | 3. What do you think makes your pain flare up (triggers)? |
| | - What kind of activities catch you out? |
| | - When do you feel this pain? |
| Identity | 4. What have you been told about your pain / what diagnosis have |
| | you been given? |
| | 5. What do you think it is? |
| | 6. What does this mean to you? |
| | 7. Do you have a picture of your hip in your head? Describe it to me. |
| Consequences | 8. What do you think this pain is telling you when you feel it? |
| | - Is it telling you to stop what you are doing or change how you |
| | are doing it? |
| | 9. How has this problem changed your life? |
| | - What does this pain keep you from doing? (Social |
| | consequences: sports, work, family, friends) |
| | - How much does it bother you? |
| Timeline | 10. How predictable is your hip pain? |
| | 11. How long do you think this is going to happen for? |
| | 12. Do you think you are going to get out of this situation? (Hope for |
| | recovery or loss of hope) |
| | 13. What do you think is going to happen to you in the future? |
| | (Degeneration? OA? Hip replacement?) |
| Control | 14. Do you feel in control of your pain? |
| 0 1 1111 | 15. Do you feel confident in your hip? |
| Curability | 16. Did you have any treatment for your hip pain? |
| | 17. How do you see your future treatment? |
| A =1: | 18. How do you want this treatment to be? |
| Action | 19. What do you do to try to control your pain? Why? |
| Appraisal | 20. Do you try to avoid activities because of your hip pain? Why? |
| | 21. Do you think your strategies are working for you? |
| Emotional rosponso | 22. Is there anything else you think may be affecting your situation?23. How does your hip pain make you feel? |
| Emotional response to fear | 24. How is your overall mood? (Worried, stressed, sad, at loss, |
| to lear | frustrated, angry) |
| | 25. How much are you worried about this? |
| | 26. What are you worried about this? |
| | - Are you worried of this pain happening again? |
| | 27. Do you think this feeling of being worried affects what you do? |
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