LBP-TBQ: Supplementary digital content 3

4-factor CFA wave 1 – Parameter estimates and model fit (ML) for alternative models

Structural validity was examined via CFA for each treatment, specifying covariances between reverse-coded items (these could not be estimated via Mokken Scaling given the non-parametric nature of this method). Four models were estimated for each treatment: 4-factor model, 1-factor model, 4-factor model with 1 common higher-order factor, 1-factor model improved by specifying additional error covariances suggested by modification indices. The results are presented graphically below for each treatment. Models reported here were estimated using maximum likelihood (ML).
Medication data:

A. 4-scale 16-item questionnaire

<table>
<thead>
<tr>
<th>Item</th>
<th>Statement</th>
<th>Credibility</th>
<th>Efficacy</th>
<th>Concerns</th>
</tr>
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<tbody>
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<td>Generally, […] is a believable therapy for back pain</td>
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<td>I am confident […] would be a suitable treatment (…)</td>
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<td>Given (…), I doubt […] would be right for me (r)</td>
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B. Latent covariances fixed to 1 to test 1-factor model

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CFA Specific Beliefs
Medication wave 1
4-factor model
Standardized estimates
Chi-square = 456.161 (94 df); p = .000
CFI = .902; TLI = .875
RMSEA = .098 (.089-.108)

CFA Specific Beliefs
Medication wave 1
4-factor model
Standardized estimates
Chi-square = 624.879 (100 df); p = .000
CFI = .858; TLI = .829
RMSEA = .115 (.106-.124)
C. 4-scale with 1 higher-level factor

D. 1 factor improved via modification indices (adding error covariances)

Adding error covariances did not improve the model fit compared to a 1 factor model (B).

Remaining modification indices referred to additional error covariances.
Exercise data:

A. 4-scale 16-item questionnaire

B. Latent covariances fixed to 1 to test 1-factor model

CFA Specific Beliefs
Exercise wave 1
4-factor model
Standardized estimates
Chi-square = 359.593 (94 df); p < .000
CFI = .952; TLI = .939
RMSEA = .065 (076-085)
C. 4-scale with 1 higher-level factor

D. 1 factor improved via modification indices (adding error covariances)

Remaining modification indices referred to additional error covariances.
Manual therapy data:

A. 4-scale 16-item questionnaire

- Having [...] for back pain makes a lot of sense
- Generally, [...] is a believable therapy for back pain
- I am sceptical about [...] as a treatment for (...) (r)
- I do not understand how [...] could help people with (...) (r)
- [...] cannot help people with back pain (r)
- [...] can work well for people with back pain
- I think [...] is pretty useless for people with back pain (r)
- [...] can make it easier for people to cope with back pain
- I worry that [...] could make my back worse (r)
- I have concerns about having [...] for my back pain (r)
- I would feel at ease about having [...] for my back pain
- I feel that [...] would not harm me
- I think [...] could suit me as a treatment for my back pain
- For me, having [...] would be a waste of time (r)
- I am confident [...] would be a suitable treatment (...
- Given (...), I doubt [...] would be right for me (r)

B. Latent covariances fixed to 1 to test 1-factor model

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- Generally, [...] is a believable therapy for back pain
- I am sceptical about [...] as a treatment for (...) (r)
- I do not understand how [...] could help people with (...) (r)
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- I think [...] could suit me as a treatment for my back pain
- For me, having [...] would be a waste of time (r)
- I am confident [...] would be a suitable treatment (...
- Given (...), I doubt [...] would be right for me (r)
C. 4-scale with 1 higher-level factor

D. 1 factor improved via modification indices (adding error covariances)

Remaining modification indices referred to additional error covariances.
Acupuncture data

A. 4-scale 16-item questionnaire

B. Latent covariances fixed to 1 to test 1-factor model

CFA Specific Beliefs
Acupuncture wave 1
4-factor model
Standardized estimates
Chi-square = 458.414 (100 df); p = .000
CFI = .933; TLI = .920
RMSEA = .069 (.060-.079)
C. 4-scale with 1 higher-level factor

D. 1 factor improved via modification indices (adding error covariances)

Remaining modification indices referred to additional error covariances.