

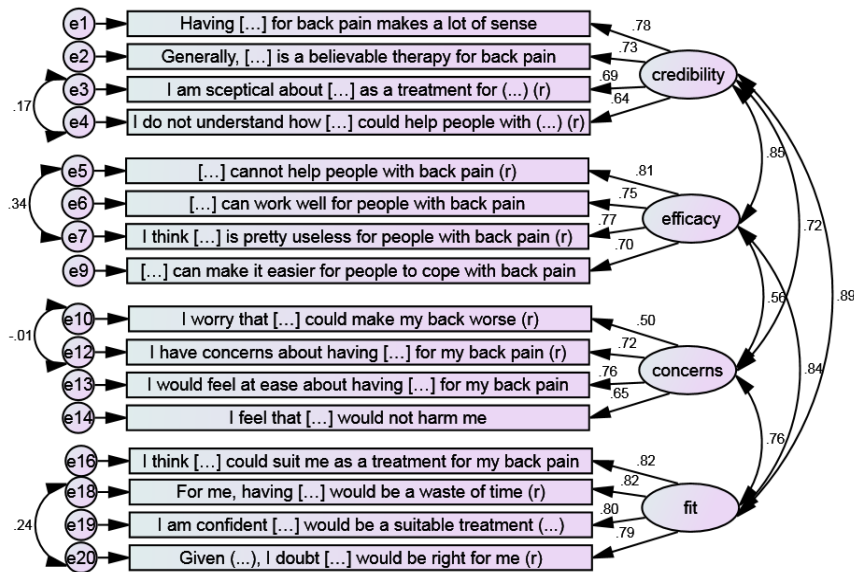
LBP-TBQ: Supplementary digital content 3

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).

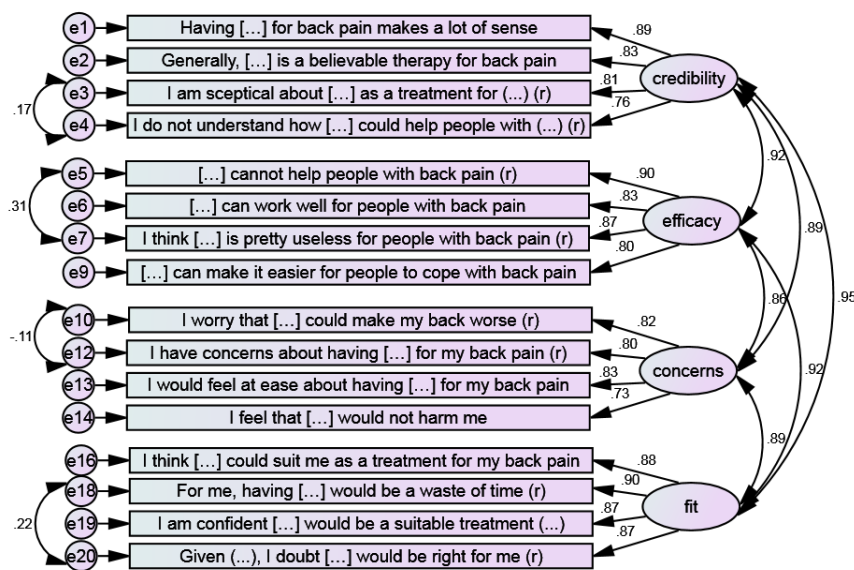
Medication data:

A. 4-scale 16-item questionnaire



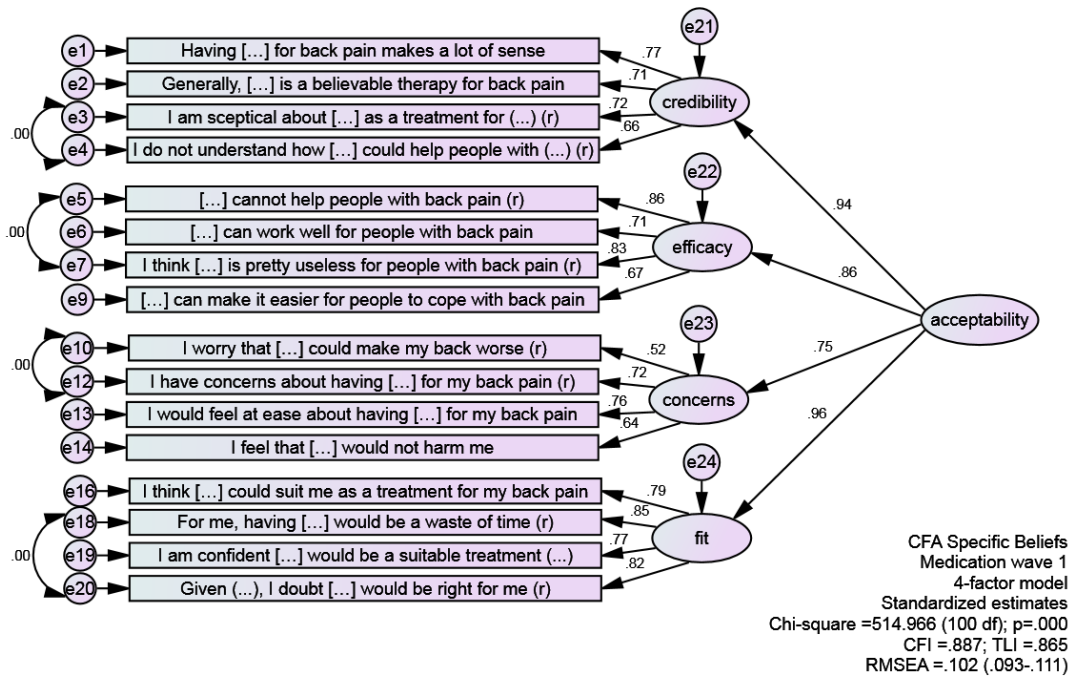
CFA Specific Beliefs
Medication wave 1
4-factor model
Standardized estimates
Chi-square = 456.161 (94 df); p= .000
CFI = .902; TLI = .875
RMSEA = .098 (.089-.108)

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

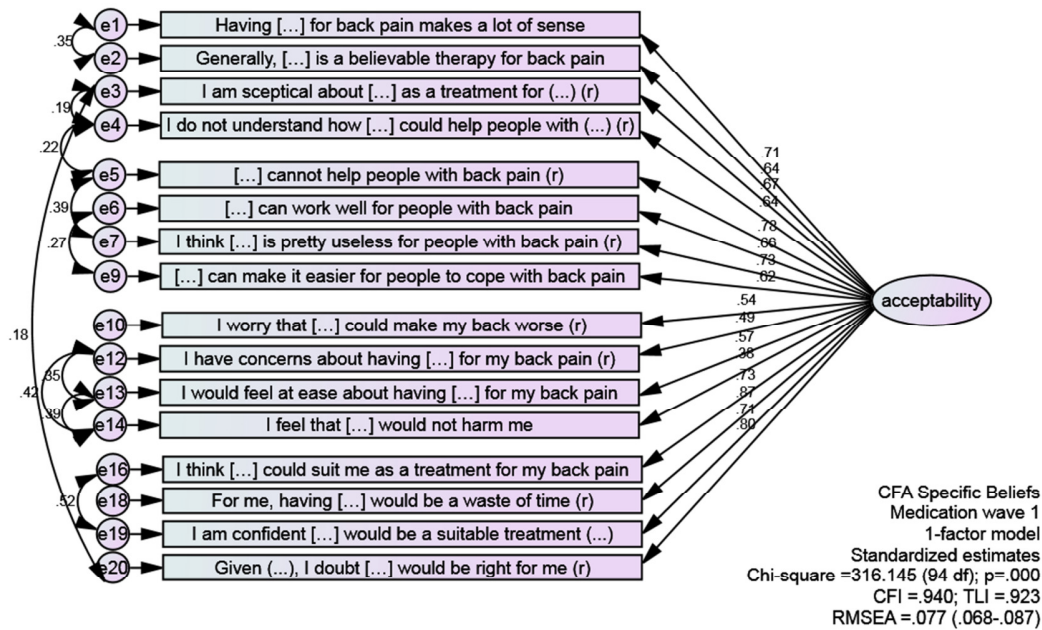


CFA Specific Beliefs
Medication wave 1
4-factor model
Standardized estimates
Chi-square = 624.879 (100 df); p= .000
CFI = .858; TLI = .829
RMSEA = .115 (.106-.124)

C. 4-scale with 1 higher-level factor



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

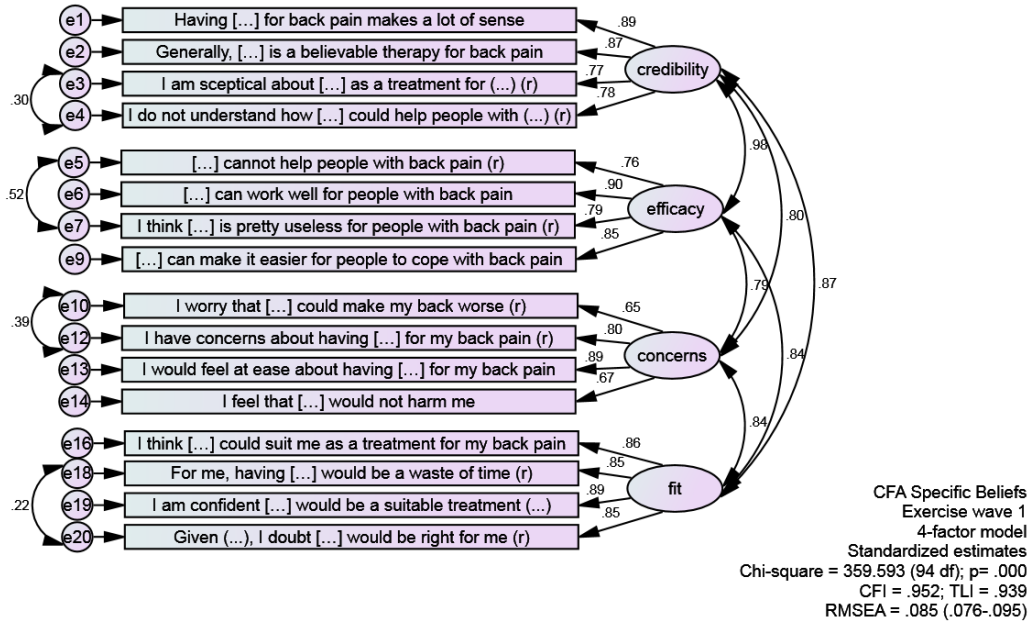


Adding error covariances did not improve the model fit compared to a 1 factor model (B).

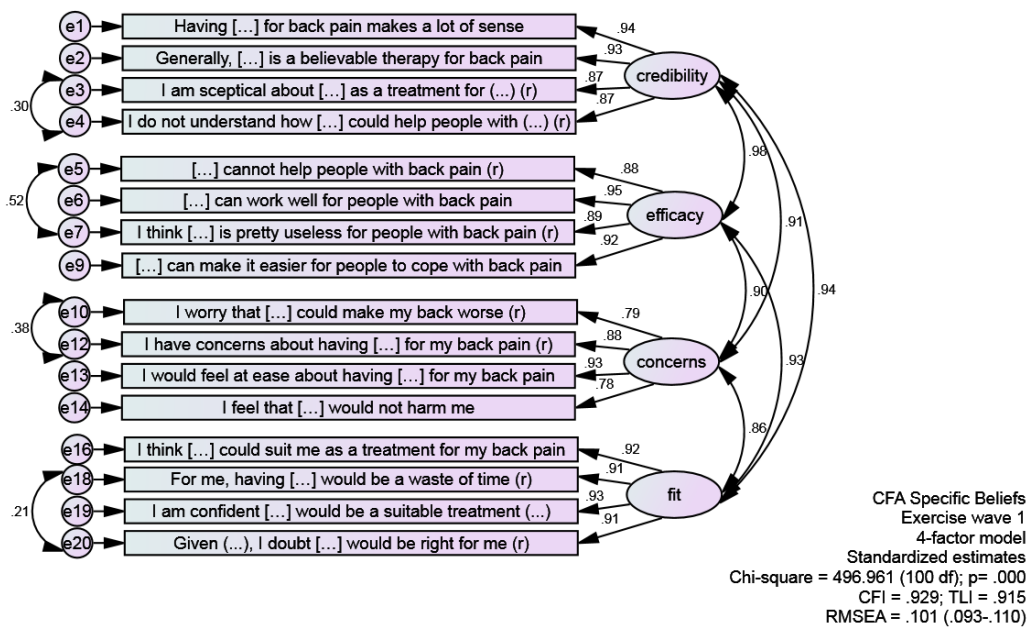
Remaining modification indices referred to additional error covariances.

Exercise data:

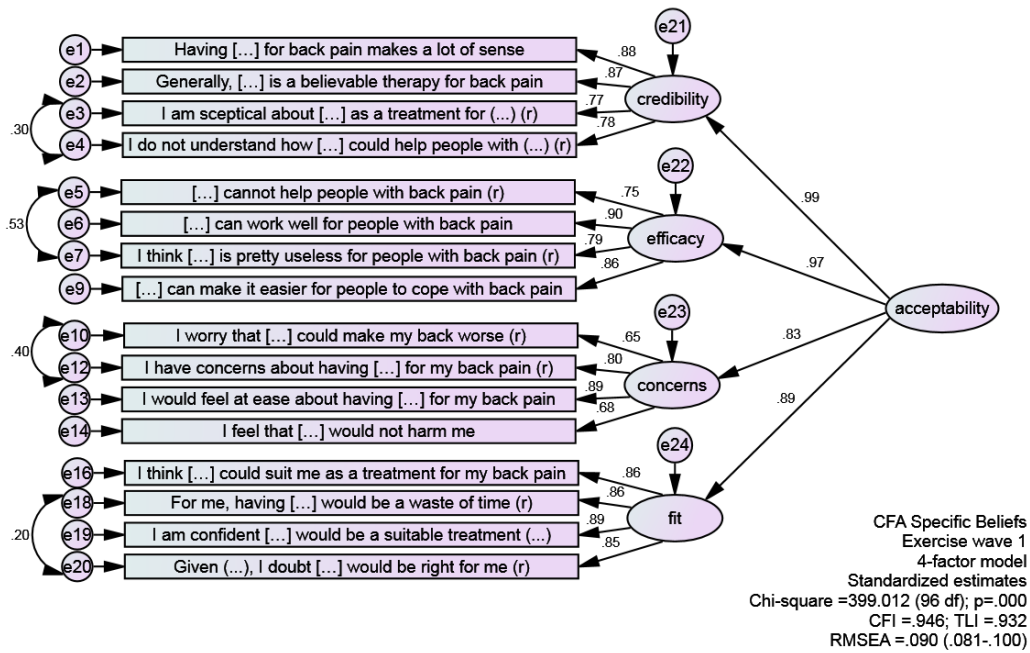
A. 4-scale 16-item questionnaire



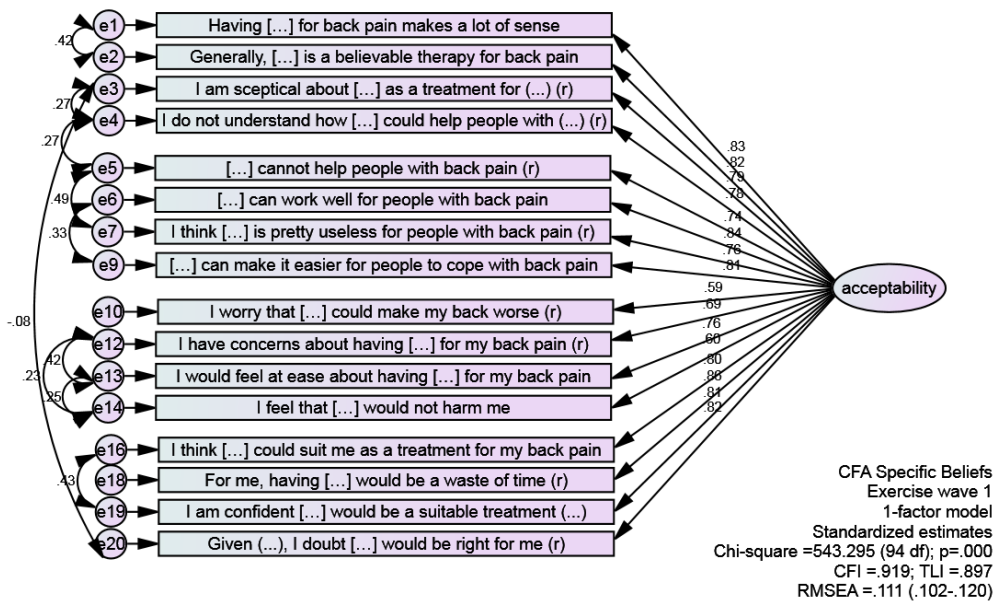
B. Latent covariances fixed to 1 to test 1-factor model



C. 4-scale with 1 higher-level factor



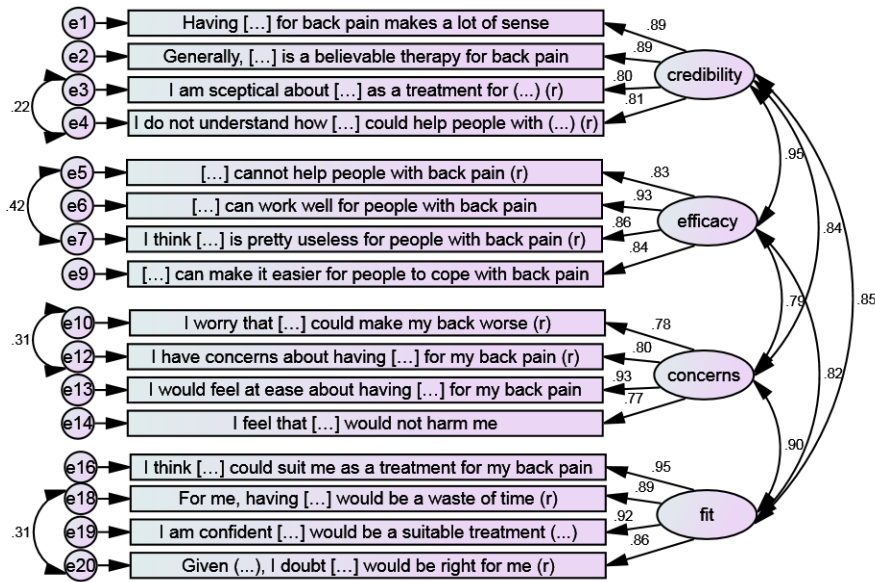
D. 1 factor improved via modification indices (adding error covariances)



Remaining modification indices referred to additional error covariances.

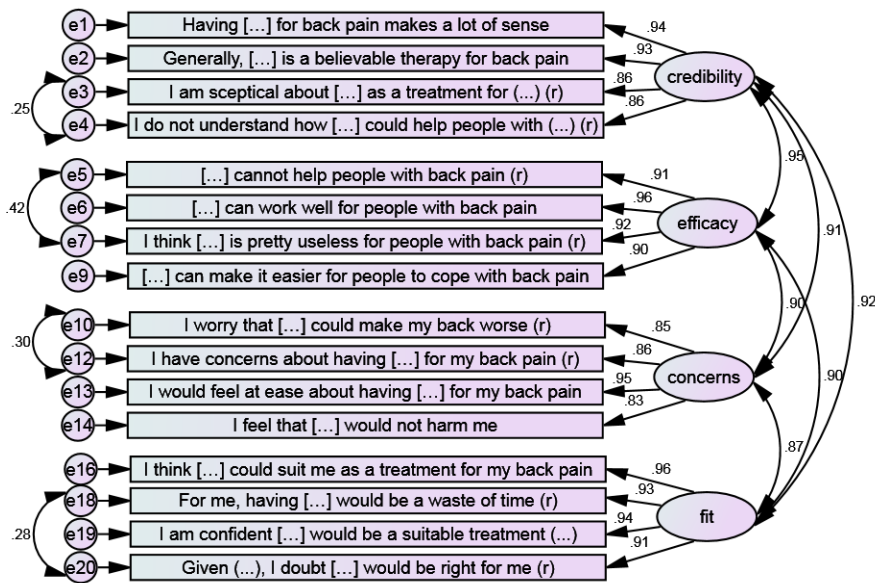
Manual therapy data:

A. 4-scale 16-item questionnaire



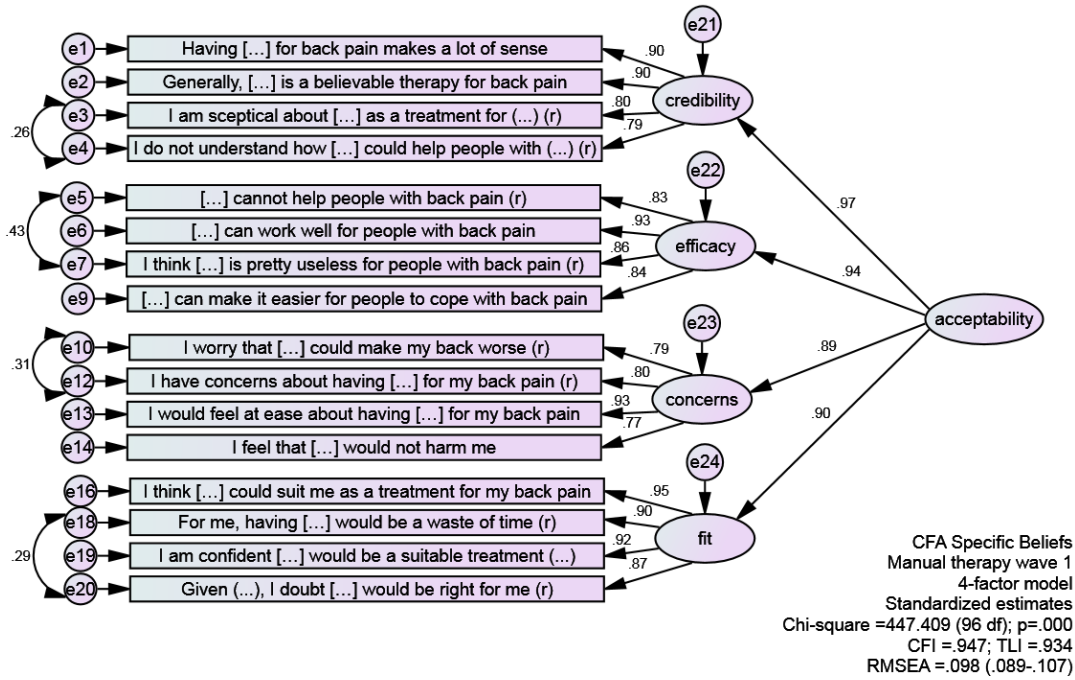
CFA Specific Beliefs
Manual therapy wave 1
4-factor model
Standardized estimates
Chi-square = 355.944 (94 df); p= .000
CFI = .960; TLI = .949
RMSEA = .085 (.076-.095)

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

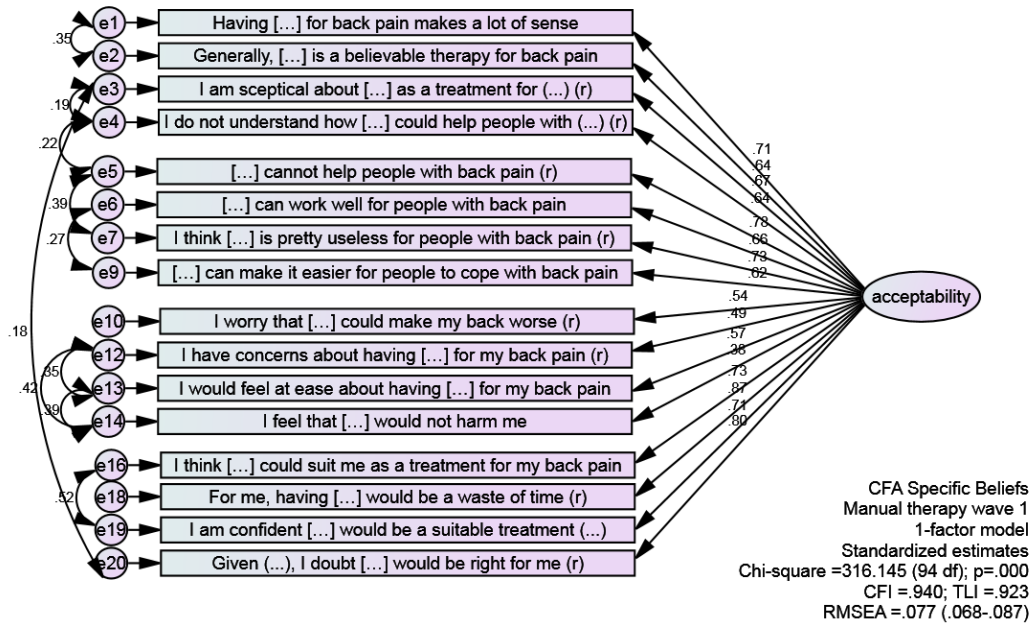


CFA Specific Beliefs
Manual therapy wave 1
4-factor model
Standardized estimates
Chi-square = 512.280 (100 df); p= .000
CFI = .938; TLI = .925
RMSEA = .104 (.095-.113)

C. 4-scale with 1 higher-level factor



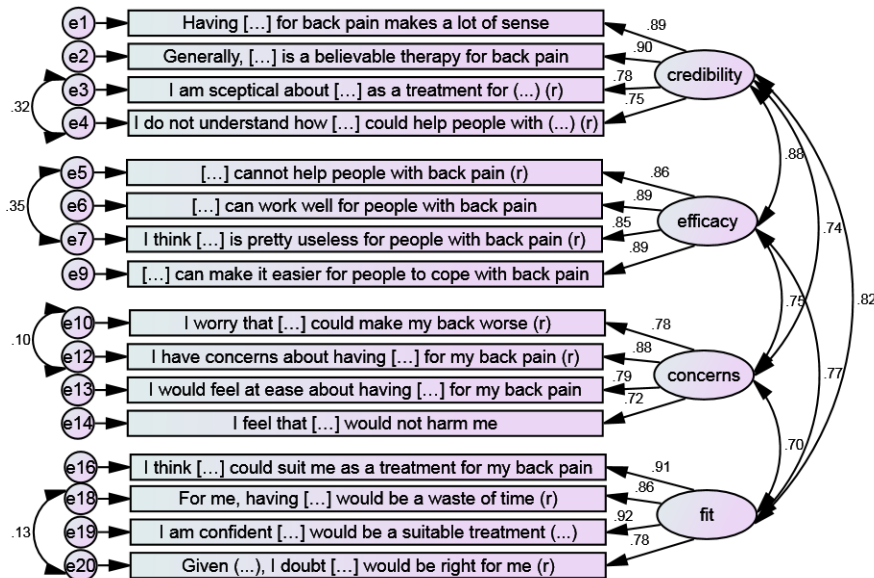
D. 1 factor improved via modification indices (adding error covariances)



Remaining modification indices referred to additional error covariances.

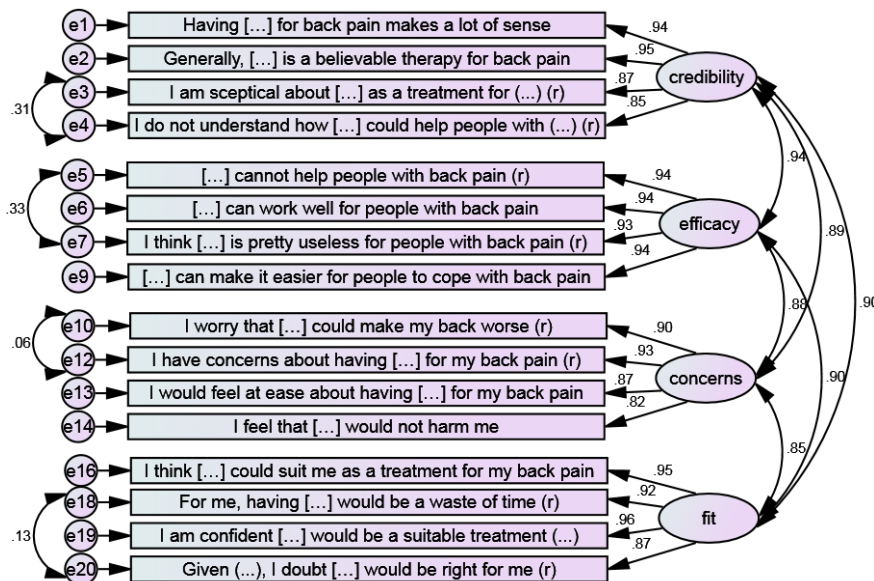
Acupuncture data

A. 4-scale 16-item questionnaire



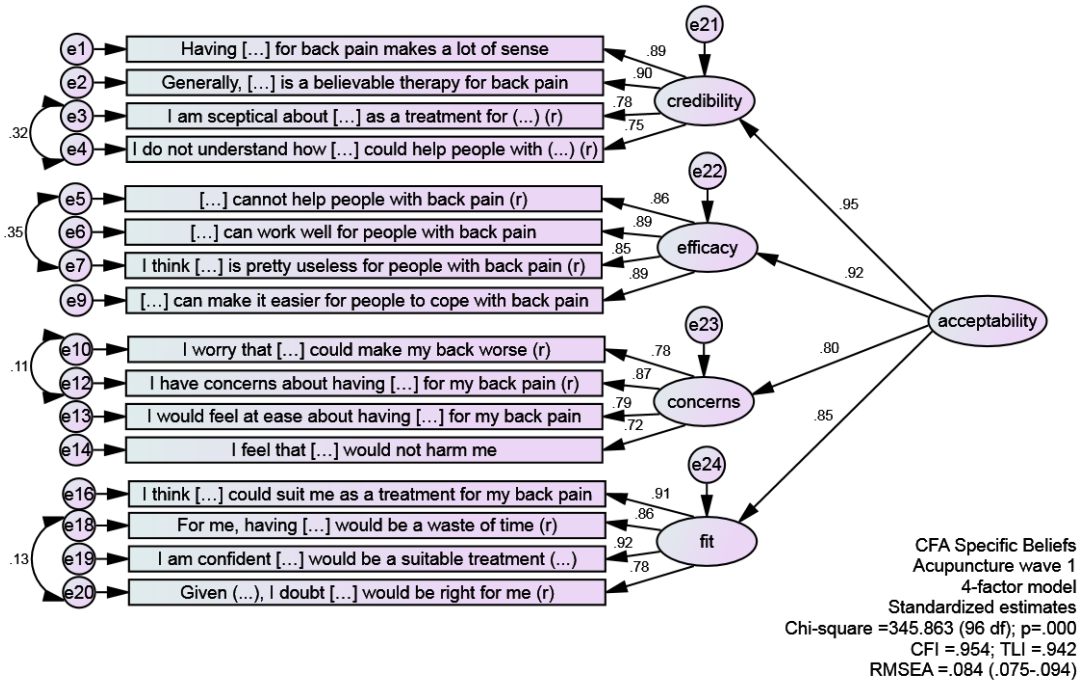
CFA Specific Beliefs
 Acupuncture wave 1
 4-factor model
 Standardized estimates
 Chi-square = 340.704 (94 df); p= .000
 CFI = .954; TLI = .942
 RMSEA = .084 (.075-.094)

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

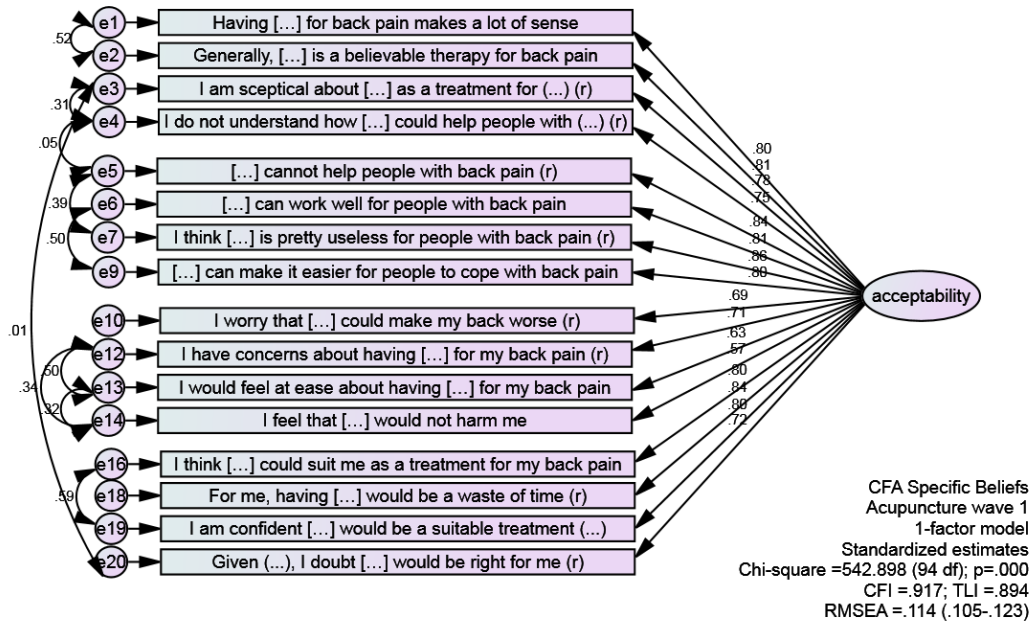


CFA Specific Beliefs
 Acupuncture wave 1
 4-factor model
 Standardized estimates
 Chi-square = 458.414 (100 df); p= .000
 CFI = .933; TLI = .920
 RMSEA = .099 (.090-.108)

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.