Reduced Model S1: The Wallis Occupational Rehabilitation RisK (WORRK) model and Probability Risk Score

Patient's personal data							
1. Age :		2. Education	\geq 9 yrs : \Box Y / \Box N	3. Professional certifica	ation: 🗆 Y / 🗆 N		
4. Work related injury :		Y / 🗆 N	5. Local na	tive language:	□ Y / □ N		
Patient's perceptio	n data						
6. Pain	no pain the worst pai						
7. Quality of Life	the best the worst						
		it has it has					
	ever been				ever been		
Patient's biopsycho	osocial data						
		□ 0	□ 1	□ 2	□ 3		
8. Chronicity		a 3 months of dysfunctionning	More than 3 months of physical dysfunctionning or several period of less than 3 months	A chronic disease	Several chronic disease		
		□ 0	□ 1	□ 2	□ 3		
9. Restrictions in co	ability to adequate	ent of medical	Mild restrictions in coping which causes mild to moderate distress in patients and/or relatives or health care providers (such as complaining behaviour)	Moderate restrictions in coping which causes severe emotional distress in patients and/or relatives or health care providers and/or impairment of medical treatment	Severe limitations in coping which produces serious psychiatric symptomatology such as substance abuse, self- mutilation or attempted suicide and impairment of medical treatment		
		□ 0		□ 2			
10. Resistance to treatment			Some ambivalence though willing to cooperate to treatment	Considerable resistance, such as non-compliance, hostility or indifference toward health care professionals	Active resistance against medical care		
		□ 0	□ 1	□ 2	□ 3		
11. Psychiatric symptoms	No psych symptom		Mild psychiatric symptoms such as problem to concentrate or feeling tense	Psychiatric symptoms such as anxiety, depression or confusion	Psychiatric symptoms with behavioural disturbances, such as violence or self-inflicting behaviour		
		□ 0	□ 1	□ 2	□ 3		
12. Restrictions in integration	A job (ind housekee retireme and havin activities	eping, nt, studying) ng leisure	A job (including housekeeping, retirement, studying) without leisure activities	Unemployed now and for at least 6 month with leisure activities	Unemployed now and for at least 6 month without leisure activities		
		□ 0	□ 1	□ 2	□ 3		
13. Social dysfunctionning		disruption	Mild social dysfunction, interpersonal problems	Moderate social dysfunction, such as inability to initiate or maintain social relations	Severe social dysfunction, such as involvement in disruptive social relations or social isolation		
		□ 0	□ 1	□ 2	□ 3		
14. Restriction of network		ntacts with ork and friends	Restriction in one of the domains	Restrictions in two of the domains	Restrictions in three of the domains		

	□ 0	□ 1	□ 2	□ 3
15. Organisation of care	Primary care/general practitioner only	Different specialists from the general health care system	Both general health care and mental health care service	Hospitalization or transfer from a hospital
	□ 0	□ 1	□ 2	□ 3
16. Complications & Life Threat	No risk of limitations in activities of daily living	Mild risk of limitations in activities of daily living	Moderate risk of permanent limitations of activities in daily living	Severe risk of physical complications with serious permanent functional deficits and/or dying
	□ 0	□ 1	□ 2	□ 3
17. Mental health threat	No risk of psychiatric disorder	Mild risk of psychiatric symptoms, such as stress, anxiety, feeling blue, substance abuse or cognitive disorder; mild risk of treatment resistance (ambivalence)	Moderate risk of psychiatric disorder requiring psychiatric care; moderate risk of treatment resistance	Severe risk of psychiatric disorder requiring frequent visits and/or hospital admissions; risk of refusal treatment for serious psychiatric disorder
	□ 0	□ 1	□ 2	□ 3
18. Social Vulnerability	No risk of changes in the living situation; adequate social support and integration	No risk of changes in the living situation but additional social support and/or job accommodation	Risk of changes in the living situation, such as temporary admission to facility/institution and/or vocational guidance	Risk of need for permanent admission to facility/institution and/or permanent disability pension
	□ 0	□ 1	□ 2	□ 3
19. Coordination of health care	No problems in the organization of care	Mild efforts needed to organize care: multidisciplinary care which is quite easy to organize, e.g. distant service access	Moderate efforts to organize care: multidisciplinary care which is difficult to organize, e.g. potential insurance loss, communication barriers	Severe efforts needed to organize care, e.g. little or no insurance, resistance to communication and coordination among providers

The probability not returning to work can be calculated with the formula:

Probability Risk Score: = $1/[1 + \exp(-\text{ scoring function })]$

where the scoring function equals to -2.649848 + 0.0179208 * Age, per one year + Education > 9 yrs * -0.2112931 + Work related injury * 0.1079563 + Local native language * -0.0857251 + Qualified work * -0.4087628 + Pain * 0.0069819 + Quality of Life * -0.006264 + Chronicity * -0.0287237 + Restrictions in coping * 0.0522402 + Resistance to treatment * 0.1753309 + Psychiatric symptoms * -0.0406474 + Restrictions in integration * 0.3793558 + Social dysfunctionning * 0.0095086 + Restriction of network * 0.3085014 + Organisation of care * 0.2552069 + Complications & Life Threat * 0.4628969 + Mental health threat * -0.0729892 + Social Vulnerability * 0.0729917 + Coordination of health care * 0.1123762

The coefficients are based on both samples with 1423 (development sample) + 819 (validation sample) patients.