

Appendix I

	Circle one number for each item				
	Never	-	-	-	Always
1. If the individual pauses when describing symptoms, do the pauses last longer than when answering other questions?	0	1	2	3	4
2. Does the individual show long latency periods, that is the time between the end of a question and the beginning of an answer?	0	1	2	3	4
3. Does the individual, when talking about the RTA and subsequent experience, talk in a disorganised way rather than speak in a structured and chronological order?	4	3	2	1	0
4. Does the individual, when talking about the RTA and subsequent experience give substantial quantity of detail?	4	3	2	1	0
5. Does the individual, when talking about the RTA and subsequent experience, describe unusual detail and/or unexpected complications?	4	3	2	1	0
6. Does the individual, when talking about the RTA and subsequent experience, provide superfluous details (e.g. description of details which are not really relevant to answering the questions)?	4	3	2	1	0
7. Does the individual, when talking about the RTA and subsequent experience, use terms and language or show knowledge related to their symptoms that they would not be expected to have?	4	3	2	1	0
8. Does the individual, when talking about the RTA and subsequent experience, provide accounts of their own mental state?	4	3	2	1	0
9. Does the individual, when talking about the RTA and subsequent experience, provide spontaneous corrections?	4	3	2	1	0
10. Does the individual, when talking about the RTA and subsequent experience, tend to admit to a lack of memory?	4	3	2	1	0
11. Does the individual, when talking about the RTA and subsequent experience, raise doubts about their own account?	4	3	2	1	0
12. Does the individual, when talking about the RTA and subsequent experience, show self-deprecation (i.e. put him or herself down)?	4	3	2	1	0
13. Does the individual show inappropriate nonverbal behaviour?	0	1	2	3	4
14. Does the individual give long and detailed answers to questions about their symptoms?	4	3	2	1	0
15. Does the individual provide detail about physical sensations (e.g. 'it felt like pins and needles')?	4	3	2	1	0
16. Does the individual provide temporal details (e.g. details about time order of the events; 'the pins and needles came before the numb feeling')?	4	3	2	1	0
17. Does the individual provide details about duration of events ('the numbness lasted for about 10 min')?	4	3	2	1	0

18. Does the individual give plausible answers to the questions about the symptoms?	4	3	2	1	0
19. Does the individual show cognitive operations: Inferences at the time of the event or at interview (e.g. 'it appeared to me that he didn't realise how fast he was driving')?	0	1	2	3	4
20. Is the individual falsely ascribing real symptoms to the RTA (e.g. had a bad back anyway and now blaming the RTA)?	0	1	2	3	4
21. Does the individual show lack of co-operation at interview?	0	1	2	3	4
22. Does the individual blame someone else for their symptoms?	0	1	2	3	4
23. Does the individual believe another person behaved recklessly, so causing their discomfort?	0	1	2	3	4
24. Does the individual expect their discomfort to last a short time and/or show significant improvement?	4	3	2	1	0
25. Does the individual tend to confirm existence of many symptoms?	0	1	2	3	4
26. Are there symptoms which do not readily fit those expected with a RTA context?	0	1	2	3	4
27. Are there unlikely or contradictory patterns of symptoms?	0	1	2	3	4
28. Are some symptoms reported as at extreme, improbable levels of severity?	0	1	2	3	4

Add up the numbers with a ring around them, the higher the score the more likely your interviewee is exaggerating or lying (i.e. the more likely your interview might be considered unreliable).
Credibility checklist (Road Traffic Accident), Akehurst, Koch and Easton (2017)