

Consent Form

Thank you for visiting!

This is a study to collect initial data for a project that aims to create a model of chronic pain in adolescents. We hope to use the data you and others provide to help develop a model that can aid in identifying more effective methods of treating adolescents in chronic pain,

What will you be asked to do?

On the intake questionnaire, you will be asked to enter your email (and phone number if you would like text reminders) as well as a few demographic questions. After that, you will be asked to provide some background on your pain history.

After the initial questionnaire, you will be asked to complete a brief survey every day for a period of 28 days. The questionnaire should only take approximately 5 minutes per day. The daily questionnaire asks questions about mood, pain, and functioning.

The whole study will occur over a 28 day period.

What are the risks and benefits of participating?

This study is classified as having 'minimal risk' – in other words, it is no more risky than things you might experience in everyday life.

You will receive \$7.50 for each week you remain in the study. Every week in which you complete a survey every day will earn you a \$5 bonus. You stand to make \$50 for completing 28 surveys.

Your end reward will be sent via Tango, where you have the option of having a check mailed to your address, certain gift cards, or a donation to charity.

Beyond the financial compensation, your data can help in the creation of models that will help identify the best courses of treatment for adolescents in chronic pain.

Is my information confidential?

Yes. Your ID codes are generated by Qualtrics and your emails/phone numbers will be stored on a secure server.

What will happen to my data?

At the conclusion of the study, all identifying information about you (email/cellphone number) will be destroyed. While your data will become part of a validation set for a model, you will have the option to submit or withhold data during the final survey.

Still interested? Thank you!

By clicking here you are affirming that (a) you are 18 years old or older and (b) you have read the study description above and (c) you are voluntarily participating in this study.

More Questions?

If you have questions about the study, please contact Max Kramer (mkramer@oberlin.edu or 773-318-5225)

If you have questions about your rights as a research participant, please contact Associate Dean Daphne John, Office of the Dean of Arts and Sciences, Cox 101 (djohn@oberlin.edu or 440-775-8410).

-
-
-

- ☐ YES! I affirm I am 18 years old or older, have read the study description, and am participating voluntarily.
- ☐ No, I don't want to participate.

Default Question Block

Welcome to the intake questionnaire! Over the next four weeks, you will be asked to take a short survey each day.

At the end of each week, if you complete a survey every day of that week you will get a \$5 bonus!

If you enter your cellphone number, you can get text reminders and take the survey straight from your phone! Otherwise, you will receive notifications via email.

Block 1

Enter your cellphone number (or leave blank to only get email alerts).

Block 2

Please enter your email address below.

Block 3

Demographic Information

How old are you?

What is your gender identity? You may select more than one option.

☐ Female

☐ Male

☐ Gender non-conforming

☐ Transgender

☐ Other: I identify as

☐ Prefer not to respond

How would you describe your ethnicity and/or racial background? You may select more than one option.

☐ American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Nome Eskimo Community, etc.)

☐ Asian (e.g., Chinese, Filipino, Asian Indian, Vietnamese, Korean, etc.)

☐ Black (e.g. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)

☐ Latinx, Hispanic, or Spanish origin (e.g., Mexican, Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican, Colombian, etc.)

☐ Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)

☐ Native Hawaiian or Pacific Islander (e.g., Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)

☐ White (e.g., German, Irish, English, Italian, Polish, French, etc.)

☐ Other: I identify as

☐ Prefer not to respond

Pain History

In the past month, how would you rate your pain on average?

No pain

012345678910

Worst imaginable pain

Last semester, about how many times did you experience:

	Never	Rarely	Once or Twice a Month	Almost Every Week	Almost Every Day	I choose not to answer this question
Mild Pain	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Moderate Pain	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Severe Pain	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

How often did you experience pain due to behaviors like engaging in sports, playing an instrument, hangovers, or another specific activity you enjoyed?

	Never	Rarely	Once or Twice a Month	Almost Every Week	Almost Every Day	I choose not to answer this question
Mild Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often did you experience pain due to a chronic condition such as migraines, fibromyalgia, PID, arthritis, a back injury, or joint inflammation?

	Never	Rarely	Once or Twice a Month	Almost Every Week	Almost Every Day	I choose not to answer this question
Migranes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthiris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Inflammation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do	I choose not to answer this question
Are you able to do chores such as vacuuming or yard work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go up and down stairs at a normal pace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go for a walk of at least 15 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to run errands and shop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

	Never	Rarely	Sometimes	Usually	Always	I choose not to answer this question
I have trouble doing all of my regular leisure activities with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble doing all of the family activities that I want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble doing all of my usual work (include work at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Sometimes	Usually	Always	I choose not to answer this question
I have trouble doing all of the activities with friends that I want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What activity caused you pain most frequently?

In the past month...

	Very poor	Poor	Fair	Good	Very good	I choose not to answer this question
My sleep quality was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past month...

	Not at all	A little Bit	Somewhat	Quite a bit	Very much	I choose not to answer this question
I feel fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble starting things because I am tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How run-down did you feel on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How fatigued were you on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past month...

	Never	Rarely	Sometimes	Often	Always	I choose not to answer this question
I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to focus on anything other than my anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My worries overwhelmed me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt uneasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past month...

	Never	Rarely	Sometimes	Often	Always	I choose not to answer this question
I felt worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past month...

	Not at all	A little bit	Somewhat	Quite a bit	Very much	I choose not to answer this question
My sleep was refreshing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a problem with my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

In the past month...

	Not at all	A little bit	Somewhat	Quite a bit	Very much	I choose not to answer this question
How much did pain interfere with your day to day activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much did pain interfere with work around home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much did pain interfere with your ability to participate in social activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much did pain interfere with your household chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to each question or statement by marking one box per row.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I choose not to answer this question
No one's been able to tell me exactly why I'm in pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pain is confusing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know enough about my pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I choose not to answer this question
I can't figure out why I am in pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, how would you rate your ability to tolerate moderate pain?

Worse than most people

012345678910

☐☐☐☐☐☐☐☐☐☐☐

Better than most people