Data Dictionary Codebook

5 years Follow Up - Ashar 2022 (PID: 26735)

11/21/2024 9:44am

Instruments	
Instrument	**Form Name**
ICF - Mind-body Treatment for Chronic Back Pain, 5 year follow up	icf_mindbody_treatment_for_chronic_back_pain_5_yea
Bpisf Lastweek Pain Ratings	bpisf_lastweek_pain_ratings
OLBPDQ	olbpdq
PROMIS_4	promis_4
Panas 10	panas_10
PCS	pcs
Tsk11	tsk11
Chronic Pain Attribution Scale V2	chronic_pain_attribution_scale_v2
SOPA-Control Subscale	sopacontrol_subscale
Usual Care Measure Last 6 Months	usual_care_measure_last_6_months
Ad Hoc Measure for Back Pain	ad_hoc_measure_for_back_pain_008659
Michigan Body Map	michigan_body_map
Compensation	compensation

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: ICF - Mind-body Treatment for Chronic Back Pain, 5 year follow up (icf_mindbody_treatment_for_chronic_back_pain_5_yea) 🧑‍💻 **Enabled as survey**			
1	[record_id]	Record ID	text
2	[first_name]	First Name	text, Required, Identifier
3	[last_name]	Last Name	text, Required, Identifier
4	[email]	Email	text (email), Required, Identifier
5	[feel_free_to_download_a_co]	Section Header: *Study Title: Mind-Body Treatments for Chronic Back Pain, Five Year Follow Up Principal Investigator: Dr. Yoni Ashar COMIRB No: 22-1634Version Date: October 6, 2022 You are being asked to be in this research study because you were a previous participant in a research study at CU Boulder investigating mind-body treatments for chronic back pain with fMRI brain imaging about 5 years ago. This study is designed to learn more about your experiences with back pain 5 years after our initial study.If you join the study, you will be asked to complete a 20-30-minute survey including several questionnaires. Upon completion of the surveys, you will receive a $50 gift card to your choice of Amazon, Walmart or Target.There are no expected risks or discomforts from participating in this study, and this study is not designed to benefit you directly.Every effort*	descriptive (Attachment: Postcard Informed Consent v. 10.6.22.pdf, Display format: Link)

		will be made to protect your privacy and confidentiality by storing all collected data in a REDCap platform managed by CU Denver. REDCap is a secure, widely used data collection tool. Only research team members will have access to the REDCap data platform.You have a choice about being in this study. You do not have to be in this study if you do not want to be.The data we collect will be used for this study but may also be important for future research. Your data may be used for future research or distributed to other researchers for future study without additional consent if information that identifies you is removed from the data.If you have questions, you can contact the study coordinator Ethan Low at ethan.low@cuanschutz.edu or (303) 736-9296. You can call or email to ask questions at any time.You may have questions about your rights as someone in this study. If you have questions, you can call COMIRB (the responsible Institutional Review Board) at (303) 724-1055.By completing this survey, you are agreeing to participate in this research study. Feel free to download a copy of the informed consent document for your personal records.	
6	[`i_have_read_the_consent_fo`]	Consent to participate in this research study	checkbox, Required | 1	i_have_read_the_consent_fo___1	I have read consent form about agree participate in this research study	
7	[`selecting_submit_will_take`]	Selecting "Submit" will take you to the next page to complete the survey!	descriptive
8	[`icf_mindbody_treatment_for_chronic_back_pain_5_yea_complete`]	Section Header: *Form Status* Complete?	dropdown 	0	Incomplete
1	Unverified
2	Complete	

Instrument: Bpisf Lastweek Pain Ratings (bpisf_lastweek_pain_ratings)   📲 **Enabled as survey**

9	[`pain_worst`]	Section Header: *Please rate your pain by choosing the one number that best describes your pain. 0 = NO PAIN AT ALL 10 = PAIN AS BAD AS YOU CAN IMAGINE* at its WORST in the LAST WEEK:	radio (Matrix), Required 	0	0
1	1
2	2
3	3
4	4
5	5	

			6 6
			7 7
			8 8
			9 9
			10 10
10	[pain_least]	at its LEAST in the LAST WEEK:	radio (Matrix), Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10
11	[pain_avg]	on average:	radio (Matrix), Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10
12	[pain_now]	right now:	radio (Matrix), Required 0 0 1 1 2 2 3 3 4 4

			5 / 5
			6 / 6
			7 / 7
			8 / 8
			9 / 9
			10 / 10
13	[general_activity]	Section Header: *Choose the one number that describes how, DURING THE PAST WEEK, pain has interfered with each of the below. 0 = DOES NOT INTERFERE 10 = COMPLETELY INTERFERES* General activity	radio (Matrix), Required 0 / 0 1 / 1 2 / 2 3 / 3 4 / 4 5 / 5 6 / 6 7 / 7 8 / 8 9 / 9 10 / 10
14	[mood]	Mood	radio (Matrix), Required 0 / 0 1 / 1 2 / 2 3 / 3 4 / 4 5 / 5 6 / 6 7 / 7 8 / 8 9 / 9 10 / 10
15	[walking_ability]	Walking ability	radio (Matrix), Required 0 / 0 1 / 1 2 / 2 3 / 3

			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10

16	[normal_work_includes_both]	Normal work (includes both work outside the home and housework)	radio (Matrix), Required

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

17	[relations_with_other_peopl]	Relations with other people	radio (Matrix), Required

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

18	[sleep_interference]	Sleep	radio (Matrix), Required

0	0
1	1
2	2

			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10

19	[enjoyment_of_lif e]	Enjoyment of life	radio (Matrix), Required
			0	0
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10

20	[bpisf_lastweek_p ain_ratings_compl ete]	Section Header: *Form Status* Complete?	dropdown
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: OLBPDQ (olbpdq)   💬 **Enabled as survey**

21	[pain_intensity]	Section Header: *This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage everyday life. Please answer by choosing the answer to each question which best applies to you.* Pain intensity	radio, Required
			1	I have no pain at the moment
			2	The pain is very mild at the moment
			3	The pain is moderate at the moment
			4	The pain is fairly severe at the moment
			5	The pain is very severe at the moment
			6	The pain is the worst imaginable at the moment

22	[personal_care_washing_dres]	Personal care (washing, dressing etc)	radio, Required	
			1	I can look after myself normally without causing extra pain
			2	I can look after myself normally but it causes extra pain
			3	It is painful to look after myself and I am slow and careful
			4	I need some help but manage most of my personal care
			5	I need help every day in most aspects of self-care
			6	I do not get dressed, I wash with difficulty and stay in bed
23	[lifting]	Lifting	radio, Required	
			1	I can lift heavy weights without extra pain
			2	I can lift heavy weights but it gives extra pain
			3	Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
			4	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
			5	I can lift very light weights
			6	I cannot lift or carry anything at all
24	[walking]	Walking	radio, Required	
			1	Pain does not prevent me walking any distance
			2	Pain prevents me from walking more than 1 mile
			3	Pain prevents me from walking more than 1/2 mile
			4	Pain prevents me from walking more than 100 yards
			5	I can only walk using a stick or crutches
			6	I am in bed most of the time

25	[sitting]	Sitting	radio, Required

1	I can sit in any chair as long as I like
2	I can only sit in my favorite chair as long as I like
3	Pain prevents me sitting more than one hour
4	Pain prevents me from sitting more than 30 minutes
5	Pain prevents me from sitting more than 10 minutes
6	Pain prevents me from sitting at all

26	[standing]	Standing	radio, Required

1	I can stand as long as I want without extra pain
2	I can stand as long as I want but it gives me extra pain
3	Pain prevents me from standing for more than 1 hour
4	Pain prevents me from standing for more than 30 minutes
5	Pain prevents me from standing for more than 10 minutes
6	Pain prevents me from standing at all

27	[sleeping]	Sleeping	radio, Required

1	My sleep is never disturbed by pain
2	My sleep is occasionally disturbed by pain
3	Because of pain I have less than 6 hours sleep
4	Because of pain I have less than 4 hours sleep
5	Because of pain I have less than 2 hours sleep
6	Pain prevents me from sleeping at all

28	[sex_life]	Sex life	radio, Required

1	My sex life is normal and causes no extra pain

				2	My sex life is normal but causes some extra pain
				3	My sex life is nearly normal but is very painful
				4	My sex life is severely restricted by pain
				5	My sex life is nearly absent because of pain
				6	Pain prevents any sex life at all
29	[social_life]	Social life	radio, Required		
				1	My social life is normal and gives me no extra pain
				2	My social life is normal but increases the degree of pain
				3	Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
				4	Pain has restricted my social life and I do not go out as often
				5	Pain has restricted my social life to my home
				6	I have no social life because of pain
30	[travelling]	Travelling	radio, Required		
				1	I can travel anywhere without pain
				2	I can travel anywhere but it gives me extra pain
				3	Pain is bad but I manage journeys over two hours
				4	Pain restricts me to journeys of less than one hour
				5	Pain restricts me to short necessary journeys under 30 minutes
				6	Pain prevents me from travelling except to receive treatment

| 31 | [olbpdq_complete] | Section Header: *Form Status*
 Complete? | dropdown

 0 \| Incomplete
 1 \| Unverified
 2 \| Complete |

Instrument: PROMIS_4 (promis_4)   👥 **Enabled as survey**

32	[promisdepression 1]	Section Header: *In the past 7 days...* I felt worthless	radio (Matrix), Required 1 | Never 2 | Rarely 3 | Sometimes 4 | Often
33	[promisdepression 2]	I felt helpless	radio (Matrix), Required 1 | Never 2 | Rarely 3 | Sometimes 4 | Often
34	[promisdepression 3]	I felt depressed	radio (Matrix), Required 1 | Never 2 | Rarely 3 | Sometimes 4 | Often
35	[promisdepression 4]	I felt hopeless	radio (Matrix), Required 1 | Never 2 | Rarely 3 | Sometimes 4 | Often
36	[i_felt_like_a_fa ilure]	I felt like a failure	radio (Matrix), Required 1 | Never 2 | Rarely 3 | Sometimes 4 | Often
37	[i_felt_unhappy]	I felt unhappy	radio (Matrix), Required 1 | Never 2 | Rarely 3 | Sometimes 4 | Often

38	[i_felt_that_i_had_nothing]	I felt that I had nothing to look forward to	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often
39	[i_felt_that_nothing_could]	I felt that nothing could cheer me up	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often
40	[promissleepdisturbance1]	Section Header: *Sleep* In the past 7 days, my sleep quality was	radio (Matrix), Required 1 Very poor 2 Poor 3 Fair 4 Good 5 Very good
41	[promissleepdisturbance2]	Section Header: *In the past 7 days...* My sleep was refreshing	radio (Matrix), Required 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
42	[promissleepdisturbance3]	I had a problem with my sleep	radio (Matrix), Required 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
43	[promissleepdisturbance4]	I had difficulty falling alseep	radio (Matrix), Required 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

44	[my_sleep_was_restless]	My sleep was restless	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
45	[i_tried_hard_to_get_to_sle]	I tried hard to get to sleep	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
46	[i_worried_about_not_being]	I worried about not being able to fall asleep	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
47	[i_was_satisfied_with_my_sl]	I was satisfied with my sleep	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
48	[edang03]	Section Header: *In the past 7 days...* I was irritated more than people knew	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always

49	[edang09]	I felt angry	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
50	[edang15]	I felt like I was ready to explode	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
51	[edang30]	I was grouchy	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
52	[edang35]	I felt annoyed	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
53	[i_felt_fearful]	Section Header: *In the past 7 days...* I felt fearful	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always

54	[i_found_it_hard_to_focus_o]	I found it hard to focus on anything other than my anxiety	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
55	[my_worries_overwhelmed_me]	My worries overwhelmed me	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
56	[i_felt_uneasy]	I felt uneasy	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
57	[i_felt_nervous]	I felt nervous	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
58	[i_felt_like_i_needed_help]	I felt like I needed help for my anxiety	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always

59	[i_felt_anxious]	I felt anxious	radio (Matrix), Required

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always

60	[i_felt_tense]	I felt tense	radio (Matrix), Required

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always

61	[promis_4_complete]	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: Panas 10 (panas_10)   👥 Enabled as survey

62	[panas10upset]	Section Header: *The following scale consists of a number of words that describe different feelings and emotions. Using the scale below, indicate for each word to what extent it describes how you have felt in the PAST WEEK.* Upset	radio (Matrix), Required

1	Very slightly or not at all
2	A little
3	Moderately
4	Quite a bit
5	Extremely

63	[panas10ashamed]	Ashamed	radio (Matrix), Required

1	Very slightly or not at all
2	A little
3	Moderately
4	Quite a bit
5	Extremely

64	[panas10nervous]	Nervous	radio (Matrix), Required

1	Very slightly or not at all
2	A little
3	Moderately
4	Quite a bit
5	Extremely

65	[panas10attentive]	Attentive	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
66	[panas10active]	Active	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
67	[panas10alert]	Alert	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
68	[panas10inspired]	Inspired	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
69	[panas10determined]	Determined	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely

70	[panas10hostile]	Hostile	radio (Matrix), Required

			1	Very slightly or not at all
			2	A little
			3	Moderately
			4	Quite a bit
			5	Extremely

71	[panas10afraid]	Afraid	radio (Matrix), Required

			1	Very slightly or not at all
			2	A little
			3	Moderately
			4	Quite a bit
			5	Extremely

72	[panas_10_complete]	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: PCS (pcs)   💬 **Enabled as survey**

73	[pcs1]	Section Header: *Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery. We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.* I worry all the time about whether the pain will end	radio (Matrix), Required

			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time

74	[pcs2]	I feel I can't go on	radio (Matrix), Required

			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time

75	[pcs3]	It's terrible and I think it's never going to get any better	radio (Matrix), Required

			0	Not at all
			1	To a slight degree
			2	To a moderate degree

			3	To a great degree
			4	All the time
76	[pcs4]	It's awful and I feel that it overwhelms me	radio (Matrix), Required	
			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time
77	[pcs5]	I feel I can't stand it anymore	radio (Matrix), Required	
			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time
78	[pcs6]	I become afraid that the pain will get worse	radio (Matrix), Required	
			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time
79	[pcs7]	I keep thinking of other painful events	radio (Matrix), Required	
			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time
80	[pcs9]	I anxiously want the pain to go away	radio (Matrix), Required	
			0	Not at all
			1	To a slight degree
			2	To a moderate degree
			3	To a great degree
			4	All the time
81	[pcs10]	I can't seem to keep it out of my mind	radio (Matrix), Required	
			0	Not at all
			1	To a slight degree

			2 | To a moderate degree
			3 | To a great degree
			4 | All the time
82	[pcs11]	I keep thinking about how much it hurts	radio (Matrix), Required
			0 | Not at all
			1 | To a slight degree
			2 | To a moderate degree
			3 | To a great degree
			4 | All the time
83	[pcs12]	I keep thinking about how badly I want the pain to stop	radio (Matrix), Required
			0 | Not at all
			1 | To a slight degree
			2 | To a moderate degree
			3 | To a great degree
			4 | All the time
84	[pcs13]	There's nothing I can do to reduce the intensity of the pain	radio (Matrix), Required
			0 | Not at all
			1 | To a slight degree
			2 | To a moderate degree
			3 | To a great degree
			4 | All the time
85	[pcs14]	I wonder whether something serious may happen	radio (Matrix), Required
			0 | Not at all
			1 | To a slight degree
			2 | To a moderate degree
			3 | To a great degree
			4 | All the time
86	[pcs_complete]	Section Header: *Form Status* Complete?	dropdown
			0 | Incomplete
			1 | Unverified
			2 | Complete

Instrument: Tsk11 (tsk11)   📲 **Enabled as survey**

87	[tsk11_1]	I'm afraid that I might injure myself if I exercise	radio (Matrix), Required
			1 | Strongly disagree
			2 | Disagree

| | | | 3 | Agree |
| | | | 4 | Strongly agree |

88	[tsk11_2]	If I were to try to overcome it, my pain would increase	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree
89	[tsk11_3]	My body is telling me I have something dangerously wrong	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree
90	[tsk11_4]	People aren't taking my medical condition seriously enough	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree
91	[tsk11_5]	My accident/injury/problem has put my body at risk for the rest of my life	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree
92	[tsk11_6]	Pain always means I have injured my body	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree
93	[tsk11_7]	Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree
94	[tsk11_8]	I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	radio (Matrix), Required	
			1	Strongly disagree
			2	Disagree

| | | | 3 | Agree |
| | | | 4 | Strongly agree |

95	[tsk11_9]	Pain lets me know when to stop exercising so that I don't injure myself	radio (Matrix), Required
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree

96	[tsk11_10]	I can't do all the things normal people do because it's too easy for me to get injured	radio (Matrix), Required
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree

97	[tsk11_11]	No one should have to exercise when he/she is in pain	radio (Matrix), Required
			1	Strongly disagree
			2	Disagree
			3	Agree
			4	Strongly agree

98	[tsk11_complete]	Section Header: *Form Status* Complete?	dropdown
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Chronic Pain Attribution Scale V2 (chronic_pain_attribution_scale_v2) 👤 **Enabled as survey**

99	[please_list_originally_caused]	Section Header: *Chronic pain can be caused by many factors. This questionnaire aims to understand how you think about the causes of your pain.* 1. Please list in rank-order the three most important factors that you believe originally caused your pain, in your own words. Please write a few words or a short sentence for each:	descriptive
100	[chronic_pain_attributio_1a]	Most important:	notes, Required Custom alignment: RH
101	[chronic_pain_attributio_1b]	2nd most important:	notes, Required Custom alignment: RH
102	[chronic_pain_attributio_1c]	3rd important:	notes, Required Custom alignment: RH
103	[causing_pain_these_days]	2. Please list in rank-order the three most important factors that you believe are causing your pain these days, in your own	descriptive

		words. Please write a few words or a short sentence for each. (Note: your answer here may be the same as or different from your answer to the previous question	
104	[chronic_pain_attributio_2a]	Most important:	notes, Required Custom alignment: RH
105	[chronic_pain_attributio_2b]	2nd most important:	notes, Required Custom alignment: RH
106	[chronic_pain_attributio_2c]	3rd most important:	notes, Required Custom alignment: RH
107	[chronic_pain_attribution_3a]	Section Header: *In the next set of questions, we will focus on two main categories of factors that can cause chronic pain: structural issues in the body and changes in mind or brain processes. By structural issues in the body, we mean medical or physiological conditions. This can include bulging discs, arthritis, poor posture, muscle tightness, injuries, and more. Structural issues are located in peripheral tissues, such as muscles, bones, ligaments, immune cells, or blood vessels.Changes in mind or brain processes can also contribute to chronic pain. These can include changes in how your brain is processing sensations, as well as psychological processes like stress, unwanted emotions, difficult relationships, childhood trauma, and more.* 3. To what extent do you believe your pain is or was due to structural issues in your body? *You may need to first tap the slider before moving it to set a response*	slider (Min: 0, Max: 10), Required, Identifier Slider labels: 0 Not at all, , 10 Completely due to structural issues Custom alignment: RH
108	[chronic_pain_attribution_4]	4. To what extent do you believe your pain is or was due to mind or brain processes *You may need to first tap the slider before moving it to set a response*	slider (Min: 0, Max: 10), Required Slider labels: 0 Not at all, , 10 Completely due to mind or brain processes Custom alignment: RH
109	[chronic_pain_attributio_5]	5. How much of your pain do you think is due to structural issues in your body, vs. how much do you think is due to mind or brain processes? *You may need to first tap the slider before moving it to set a response*	slider (Min: 0, Max: 10), Required Slider labels: 0 Completely structural, , 10 Completely due to mind or brain processes Custom alignment: RH
110	[an_injury_that_clearly_hap]	Section Header: *6. Please rank the following items in order of importance as causes of your pain. Rank up to 10 items (1 = Most important and 10 = least important) If an item is not contributing to your pain, rank it as DNC = Does not contribute* An injury that clearly happened at a particular time and place	radio (Matrix), Required 1 1 2 2 3 3 4 4 5 5 6 6 7 7

			8	8
			9	9
			10	10
			11	DNC
111	[an_ongoing_activity_that_w]	An ongoing activity that was bad for me, though I am not sure whether there was a clear injury event	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
112	[genetics]	Genetics	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
113	[a_medical_condition_or_dis]	A medical condition or a disease (e.g., bulging disc, arthritis, etc.)	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6

			7	7
			8	8
			9	9
			10	10
			11	DNC
114	[something_with_my_muscles]	Something about my muscles (e.g., muscle tightness, soreness, weakness, not firing properly)	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
115	[something_about_objects_i]	Something about objects I interact with (e.g., bad mattress, bad shoes)	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
116	[something_about_how_i_sit]	Something about how I sit, stand, sleep, walk, etc. (e.g., bad posture, don't walk correctly)	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5

			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
117	[sedentary_lifestyle]	Sedentary lifestyle	radio (Matrix), Required	
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
118	[changes_in_my_brain_s_pain]	Changes in my brain's pain processing system	radio (Matrix), Required	
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
119	[aging]	Aging	radio (Matrix), Required	
			1	1
			2	2
			3	3
			4	4

			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
120	[stress]	Stress	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
121	[fear_of_anxiety]	Fear or anxiety	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
122	[some_other_emoti on_e_g_fea]	Other Emotion (e.g., anger, shame)	radio (Matrix), Required
			1	1
			2	2
			3	3

			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
123	[inflammation]	Inflammation	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
124	[personality_traits_e_g_per]	Personality traits (e.g., perfectionism, self-criticism)	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
125	[giving_birth_or_childcare]	Giving birth or childcare	radio (Matrix), Required
			1	1
			2	2

			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
126	[relationships_wi th_other_p]	Relationships with other people in my life	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
127	[treatments_that_ ended_up_m]	Treatments that ended up making things worse (e.g. failed surgery, chiropractic injury)	radio (Matrix), Required
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
128	[childhood_experi ences_that]	Childhood experiences that were emotionally difficult or traumatic	radio (Matrix), Required
			1	1

			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
129	[poor_sleep]	Poor sleep	radio (Matrix), Required	
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC
130	[being_overweight]	Being overweight	radio (Matrix), Required	
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	DNC

131	[chronic_pain_attribution_7]	7. How confident are you that your beliefs about the causes of your pain are correct?	radio, Required

radio, Required

0	0 - Not at all
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10 - Completely confident

132	[chronic_pain_attribution_scale_v2_complete]	Section Header: *Form Status* Complete?	dropdown

dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: SOPA-Control Subscale (sopacontrol_subscale)   🔲 **Enabled as survey**

133	[sopa_control_positive_1]	Section Header: *Please indicate how much you agree with each of the following statements about your pain problem by using the following scale.* There are many times when I can influence the amount of pain I feel	radio (Matrix), Required

radio (Matrix), Required

1	This is very untrue for me
2	This is somewhat untrue for me
3	This is neither true nor untrue for me (or it does not apply to me)
4	This is somewhat true for me
5	This is very true for me

134	[sopa_control_positive_25]	Just by concentrating or relaxing, I can "take the edge" off of my pain	radio (Matrix), Required

radio (Matrix), Required

1	This is very untrue for me
2	This is somewhat untrue for me
3	This is neither true nor untrue for me (or it does not apply to me)
4	This is somewhat true for me
5	This is very true for me

135	[sopa_control_positive_33]	I believe that I can control how much pain I feel by changing my thoughts	radio (Matrix), Required

radio (Matrix), Required

1	This is very untrue for me
2	This is somewhat untrue for me

			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me
136	[sopa_control_positive_39]	I have learned to control my pain	radio (Matrix), Required	
			1	This is very untrue for me
			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me
137	[sopa_control_positive_41]	I know for sure I can learn to manage my pain	radio (Matrix), Required	
			1	This is very untrue for me
			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me
138	[sopa_control_positive_53]	I have noticed that if I can change my emotions, I can influence my pain	radio (Matrix), Required	
			1	This is very untrue for me
			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me
139	[sopa_control_11_negative]	The amount of pain I feel is completely out of my control	radio (Matrix), Required	
			1	This is very untrue for me
			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me
140	[sopa_control_16_negative]	There is a little that I or anyone can do to ease the pain I feel	radio (Matrix), Required	
			1	This is very untrue for me

			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me

141	[sopa_control_28_negative]	I am unable to control a significant amount of my pain	radio (Matrix), Required	
			1	This is very untrue for me
			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me

142	[sopa_control_47_negative]	I am not in control of my pain	radio (Matrix), Required	
			1	This is very untrue for me
			2	This is somewhat untrue for me
			3	This is neither true nor untrue for me (or it does not apply to me)
			4	This is somewhat true for me
			5	This is very true for me

143	[sopacontrol_subscale_complete]	Section Header: *Form Status* Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Usual Care Measure Last 6 Months (usual_care_measure_last_6_months) 🗗
Enabled as survey

144	[usual_care_6_months]	Which of the following have you used in the past 6 months for your back pain (select all that apply)	checkbox, Required		
			1	usual_care_6_months___1	Acetan (Tylenc
			2	usual_care_6_months___2	Acupur
			3	usual_care_6_months___3	Alcoho
			4	usual_care_6_months___4	Bed re:
			5	usual_care_6_months___5	Chirop
			6	usual_care_6_months___6	Exercis (specifi help w pain)

			7	usual_care_6_months___7	Heat a... treatm...
			8	usual_care_6_months___8	Herbs ... supple...
			9	usual_care_6_months___9	Lidocai... menth... treatm...
			10	usual_care_6_months___10	Mariju...
			11	usual_care_6_months___11	Massag... massag... devices
			12	usual_care_6_months___12	Medita...
			13	usual_care_6_months___13	Muscle... relaxar...
			14	usual_care_6_months___14	NSAID!... (Ibupro...
			15	usual_care_6_months___15	Opioid... (Vicodi... Hydroc... etc.)
			16	usual_care_6_months___16	Physio... (physic... therap...
			17	usual_care_6_months___17	Psycho... tools (journa... apps, workbo...
			18	usual_care_6_months___18	Psycho... treatm... (therap...
			19	usual_care_6_months___19	Stretch...
			20	usual_care_6_months___20	Surger... medica... proced...
			21	usual_care_6_months___21	Yoga
			22	usual_care_6_months___22	None o... above

Field Annotation:
@NONEOFTHEABOVE=22

145	[often_used_item_above_6]	In the PAST 4 WEEKS, how often have you used the items you selected above?	radio, Required

0	Never
1	Less than 1 time per week

			2	About 1 time per week
			3	2 to 4 times per week
			4	Daily or almost every day
146	[usual_care_measure_last_6_months_complete]	Section Header: *Form Status* Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Ad Hoc Measure for Back Pain (ad_hoc_measure_for_back_pain_008659) 📑
Enabled as survey

147	[adhocmeasurebackpain]	How often has back pain been a problem for you over the past 6 months?	dropdown (autocomplete), Required	
			1	Less than half the days
			2	Half the days
			3	More than half the days
148	[ad_hoc_measure_for_back_pain_008659_complete]	Section Header: *Form Status* Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Michigan Body Map (michigan_body_map)   📑 **Enabled as survey**

149	[michigan_body_map]		descriptive (Attachment: Microsoft Word - Michigan body map.docx.jpg, Display format: Inline image/PDF)	
150	[body_map_areas]	Using the image above for reference, please select all areas of your body where you have felt persistent or recurrent pain present for the last 3 months or longer (chronic pain).Please note: The image may take a second to load, thank you for your patience! Please scroll to see all body area options.	checkbox, Required	

0	body_map_areas___0	Face
25	body_map_areas___25	Head
26	body_map_areas___26	Neck
1	body_map_areas___1	Right jaw
2	body_map_areas___2	Left jaw
3	body_map_areas___3	Right chest/ breast
4	body_map_areas___4	Left chest/ breast
5	body_map_areas___5	Right upper arm

6	body_map_areas___6	Left upper arm
7	body_map_areas___7	Right elbow
8	body_map_areas___8	Left elbow
9	body_map_areas___9	Right lower arm
10	body_map_areas___10	Left lower arm
11	body_map_areas___11	Right wrist/ hand
12	body_map_areas___12	Left wrist/ hand
13	body_map_areas___13	Abdomen
14	body_map_areas___14	Pelvis
15	body_map_areas___15	Right groin
16	body_map_areas___16	Left groin
17	body_map_areas___17	Right upper leg
18	body_map_areas___18	Left upper leg
19	body_map_areas___19	Right knee
20	body_map_areas___20	Left knee
21	body_map_areas___21	Right lower leg
22	body_map_areas___22	Left lower leg
23	body_map_areas___23	Right ankle/ foot
24	body_map_areas___24	Left ankle/ foot
27	body_map_areas___27	Right shoulder
28	body_map_areas___28	Left shoulder

		29	body_map_areas___29	Upper back
		30	body_map_areas___30	Lower back
		31	body_map_areas___31	Right hip
		32	body_map_areas___32	Left hip
		33	body_map_areas___33	Right buttocks
		34	body_map_areas___34	Left buttocks
		35	body_map_areas___35	I have no persistent or recurrent pain anywhere

Field Annotation:
@NONEOFTHEABOVE=35

| 151 | [michigan_body_map_complete] | Section Header: *Form Status*
 Complete? | dropdown
 0 Incomplete
 1 Unverified
 2 Complete |

Instrument: Compensation (compensation)   👥 Enabled as survey

152	[which_store_would_you_like]	Section Header: *Congratulations, you have reached the end of the survey! Thank you so much for completing the Mind Body Treatments for Chronic Back Pain, 5 Year Follow Up Survey at the University of Colorado. We will be sending you a $50 giftcard to your selected store as a thank you for your time. Please complete the following questions to receive your compensation.* Which store would you like to receive a giftcard for?	radio, Required, Identifier 1 Amazon 2 Target 3 Walmart
153	[giftcard_by_email]	You will receive your virtual gift card by email, please provide the email address you would like the gift card to be sent to.	text (email), Required, Identifier
154	[compensation_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete