

## University of Colorado

Colorado Clinical & Translational Sciences Institute (CCTSI) with the Development and Informatics Service Center (DISC)

## **Healthy Controls - CBP study**



## 📖 Data Dictionary Codebook

12/24/2018 3:41pm

	#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Ins	trum	nent: <b>Admin</b> (admin)		
	1	record_id	Record ID	text
	2	randomization_group	randomization group	radio 1 treatment 2 waitlist
	3	age_decile	age decile	radio 1 20s 2 30s 3 40s 4 50s 5 60s or 70s
	4	pain_decile	pain decile. Their pain on BPI "pain on average" at T1 assessment was in which range:	radio 1 0 - 3 2 4 - 5 3 6 - 7 4 8 - 10
	5	treatment_date	Date of Treatment	text (date_mdy)
	6	stop_daily	Stop Weekly Treatment Surveys? really, this field should be called 'stop_weekly' but not worth the trouble of renaming all the logic	yesno 1 Yes 0 No

Stop_peri_t1   Stop Peri-T1 surveys?   Yes     1   Yes     0   No				
1   Ves   0   No   No   No   No   No   No   No	7	stop_peri_t1	Stop Peri-T1 surveys?	1 Yes
1   Yes   0   No   No   No   No   No   No   No	8	stop_peri_t2	Stop Peri-T2 surveys?	1 Yes
11 t2_date T2 Date text (date_mdy)  12 t3_date T3 Date text (date_mdy)  13 lastsess_date Date of last session (for triggering follow up surveys)  14 heel_to_bladder_edgedista	9	stop_peri_t3	Stop Peri-T3 surveys?	1 Yes
12 t3_date	10	baseline_date	Date of Baseline	text (date_mdy)
13   lastsess_date	11	t2_date	T2 Date	text (date_mdy)
up surveys)  14   heel_to_bladder_edge	12	t3_date	T3 Date	text (date_mdy)
dista	13	lastsess_date		text (date_mdy)
Id   16   inflation_low_pain   inflation_low_pain   text (number)   text (nu	14		heel_to_bladder_edge_distance	
17   inflation_med_pain   inflation_med_pain   text (number)     18   inflation_high_pain   inflation_high_pain   text (number)     19   repressed_emotion   How much repressed emotion did this patient have when they began treatment, knowing what you know about them now? To be rated by therapist at end of treatment   1   1   2   2   2   3   3   3   4   4   4   5   5   5   6   6   6   7   7   7   8   8   9   9   10   10 - Extremely repressed emotions     20   admin_complete   Section Header: Form Status   Complete?   dropdown   0   Incomplete   1   Unverified   1   Unverified   1   Unverified   1   Unverified   1   Unverified   1   Unverified   1   1   1   1   1   1   1   1   1	15	=	inflation_pain_threshold	text (number)
18 inflation_high_pain inflation_high_pain text (number)  19 repressed_emotion   How much repressed emotion did this patient have when they began treatment, knowing what you know about them now? To be rated by therapist at end of treatment  1	16	inflation_low_pain	inflation_low_pain	text (number)
19 repressed_emotion   How much repressed emotion did this patient have when they began treatment, knowing what you know about them now?  To be rated by therapist at end of treatment  20 admin_complete  Section Header: Form Status Complete?  Facility Section Header: Form Status Complete  Tradio  0 0 - None 1 1 2 2 3 3 4 4 4 5 5 5 6 6 7 7 8 8 8 9 9 10 10 - Extremely repressed emotions  dropdown 0 Incomplete 1 Unverified	17	inflation_med_pain	inflation_med_pain	text (number)
patient have when they began treatment, knowing what you know about them now?  To be rated by therapist at end of treatment    0	18	inflation_high_pain	inflation_high_pain	text (number)
knowing what you know about them now?  To be rated by therapist at end of treatment  1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 8 9 9 10 10 - Extremely repressed emotions  20 admin_complete  Section Header: Form Status Complete?  dropdown 0 Incomplete 1 Unverified	19	repressed_emotion		radio
To be rated by therapist at end of treatment				
3   3   4   4   4   5   5   5   6   6   6   7   7   7   8   8   8   9   9   10   10 - Extremely repressed emotions   20   admin_complete   Section Header: Form Status   Complete?   O   Incomplete   1   Unverified   Univerified   O   Incomplete   1   Univerified   O   Incomplete   1   Univerified   O   O   O   O   O   O   O   O   O				1 1
4   4   5   5   6   6   6   7   7   8   8   8   9   9   10   10 - Extremely repressed emotions     20   admin_complete   Section Header: Form Status   Complete?   O   Incomplete   1   Unverified				2 2
5   5   6   6   6   7   7   8   8   8   9   9   10   10 - Extremely repressed emotions   20   admin_complete   Section Header: Form Status   Complete?   O Incomplete   1   Unverified   Unverified   O Incomplete   1   Unverified   O Incomplete   1   Unverified   O Incomplete   1   Unverified   O Incomplete   1   Unverified   O Incomplete   O Incomp				3 3
6 6 7 7 8 8 8 9 9 10 10 - Extremely repressed emotions  20 admin_complete Section Header: Form Status Complete?  dropdown 0 Incomplete 1 Unverified				
7 7 8 8 8 9 9 10 10 - Extremely repressed emotions  20 admin_complete Section Header: Form Status Complete? dropdown 0 Incomplete 1 Unverified				
8   8   9   9   10   10 - Extremely repressed emotions   20   admin_complete   Section Header: Form Status   Complete?   O   Incomplete   1   Unverified   Univerified   O   Incomplete   1   Univerified   O   Incomplete   1   Univerified   O   Incomplete   O				
20 admin_complete Section Header: Form Status Complete?  Section Header: Form Status 1 Unverified				
20 admin_complete Section Header: Form Status Complete?  Section Header: Form Status 10 10 - Extremely repressed emotions  dropdown 0 Incomplete 1 Unverified				
20 admin_complete Section Header: Form Status Complete?  Complete  Demotions  dropdown  O Incomplete  1 Unverified				
Complete?  0 Incomplete 1 Unverified				1 l
1 Unverified	20	admin_complete		
			Complete?	<del>                                   </del>
				1 Unverified
				2 Complete

21	first_name	First name	text, Required, Identifier
22	last_name	Last name	text, Required, Identifier
23	email_address	email address	text, Required, Identifier
24	telephone_number	Telephone number	text, Required, Identifier
25	gender	Gender	radio, Required  1 Male  2 Female  3 Other
26	height	Height Please enter your height as ft' in"	text
27	weight	Weight in pounds	text
28	date_of_birth	Date of birth	text (date_dmy), Required
29	ethnicity	Race	radio, Required  1 American Indian or Alaskan Na 2 Asian or Pacific Islander 3 Black (not of Hispanic Origin) 4 White (not of Hispanic Origin) 5 Other or Unknown
30	hispanic	Hispanic?	yesno, Required  1 Yes  0 No
31	employment_status	Current employment status	radio, Required  1 employed full time (30+ hrs/wk)  2 employed part time (5 - 30 hrs/  3 unemployed or lightly employed 5 hrs/wk)
32	education	Education	radio, Required  1 High school or less  2 Some college or vocational sch  3 College graduate
33	married_or_living_as_ marri	Married or living as married?	yesno, Required  1 Yes

34	sses_ladder	Think of this ladder as representing where people stand in the United States.  At the top of the ladder are the people who are the best off - those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off - who have the least money, least education and the least respected jobs or no job.  The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the bottom.  Where would you place yourself on this ladder?	descriptive
35	5 sses		radio, Required  1
36	5 zipcode1	Zip code	text (number, Min: 0, Max: 99999), Identifier
37	7 handedness	Which is your dominant hand?	radio, Required  1 right 2 left 3 both

	39	exercise  how_much_pain_do_y ou_have	How much exercise do you usually get?  How much pain do you have in body parts other than the back?	radio  1 Almost none  2 1 hour/week  3 3 hours/week  4 7 hours/week  5 14+ hours/week  radio  1 none  2 a little  3 a moderate amount  4 a lot
	40	demographics_compl ete	Section Header: Form Status  Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete
Ins	trum	nent: <b>Panas 10</b> (pana	s_10)	
	41	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
	42	panas10ashamed	Ashamed	radio (Matrix), Required  1 Very slightly or not at all  2 A little  3 Moderately  4 Quite a bit  5 Extremely
	43	panas10nervous	Nervous	radio (Matrix), Required  1 Very slightly or not at all  2 A little  3 Moderately  4 Quite a bit  5 Extremely

44	panas10attentive	Attentive	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
45	panas10active	Active	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
46	panas10alert	Alert	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
47	panas10inspired	Inspired	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
48	panas10determined	Determined	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
			4 Quite a bit
			5 Extremely
49	panas10hostile	Hostile	radio (Matrix), Required
			1 Very slightly or not at all
			2 A little
			3 Moderately
		1	
			4 Quite a bit

50	panas10afraid	Afraid	radio (Matrix), Required  1 Very slightly or not at all 2 A little 3 Moderately 4 Quite a bit 5 Extremely
51	panas_10_complete	Section Header: Form Status  Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete
Instrum 52	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
53	pain_least	at its LEAST in the LAST WEEK:	radio (Matrix), Required  0

54	pain_avg	on average:	radio (Matrix), Required  0
55	pain_now	right now:	radio (Matrix), Required  0
56	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

57	mood	Mood	radio (Matrix), Required  0
58	walking_ability	Walking ability	radio (Matrix), Required  0
59	normal_work_include s_both	Normal work (includes both work outside the home and housework)	radio (Matrix), Required  0

60	relations_with_other_ peopl	Relations with other people	radio (Matrix), Required  0
61	sleep_interference	Sleep	radio (Matrix), Required  0
62	enjoyment_of_life	Enjoyment of life	radio (Matrix), Required  0

63	bpisf_last_week_comp lete			ppdown
	icic	Complete?	0	Incomplete
			1	Unverified
			2	Complete
nstrum	nent: <b>OLBPDQ</b> (olbpd	q)		
64	pain_intensity	Section Header: This questionnaire has been	rac	lio, Required
		designed to give us information as to how your back or leg pain is affecting your ability to manage	1	I have no pain at the moment
		everyday life. Please answer by choosing the answer to each question which best applies to you.	2	The pain is very mild at the moment
		Pain intensity	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 a
65	personal_care_washin	Personal care (washing, dressing etc)	rac	dio, Required
	g_dres		1	I can look after myself normally without causing extra pain
			2	I can look after myself normally b it causes extra pain
			3	It is painful to look after myself ar 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

66	lifting	Lifting	rac	lio, 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
67	walking	Walking	rac	lio, 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
68	sitting	Sitting	rac	lio, Required
			1	I can sit in any chair as long as I like
			2	l can only sit in my favorite chair as long as l 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

69	standing	Standing	rac	dio, 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
70	sleeping	Sleeping	rac	lio, 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
71	sex_life	Sex life	rac	lio, 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

	72	social_life	Social life	<ul> <li>radio, Required</li> <li>My social life is normal and gives me no extra pain</li> <li>My social life is normal but increases the degree of pain</li> <li>Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport</li> <li>Pain has restricted my social life and I do not go out as often</li> <li>Pain has restricted my social life to my home</li> <li>I have no social life because of pain</li> </ul>
	73	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
Ins	74 trum	olbpdq_complete ent: <b>PCS+last item</b> f	Section Header: Form Status  Complete?  From IPQ (pcslast_item_from_ipq)	dropdown  0 Incomplete  1 Unverified  2 Complete
	75	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

76	pcs2	I feel I can't go on	radio (Matrix), Required
, 0	PC32	Theer carrego on	0 Not at all
			1 To a slight degree
			2 To a moderate degree
			3 To a great degree
			4 All the time
77	pcs3	It's terrible and I think it's never going to	radio (Matrix), Required
		get any better	0 Not at all
			1 To a slight degree
			2 To a moderate degree
			3 To a great degree
			4 All the time
78	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
79	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
80	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
81	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

	82	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
	83	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
	84	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
	85	pcs12	I keep thinking about how badly I want the	radio (Matrix), Required
			pain to stop	0 Not at all
				1 To a slight degree
				2 To a moderate degree
				3 To a great degree
				4 All the time
	86	pcs13	There's nothing I can do to reduce the	radio (Matrix), Required
			intensity of the pain	0 Not at all
				1 To a slight degree
				2 To a moderate degree
				3 To a great degree
				4 All the time
	87	pcs14	I wonder whether something serious may	radio (Matrix), Required
			happen	0 Not at all
				1 To a slight degree
				2 To a moderate degree
				3 To a great degree
i				4 All the time

	6.5		Carting Handam Co. Co.	1
	88	pcslast_item_from_ip q_complete	Section Header: Form Status	dropdown
		q_complete	Complete?	0 Incomplete
				1 Unverified
				2 Complete
Ins	trum	nent: PROMIS_4 +CE	<b>Q</b> (promis_4_ceq)	
	89	promisdepression1	Section Header: <i>In the past 7 days</i>	radio (Matrix), Required
			I felt worthless	1 Never
				2 Rarely
				3 Sometimes
				4 Often
	90	promisdepression2	I falt balalass	
	90	promisaepressionz	I felt helpless	radio (Matrix), Required  1 Never
				2 Rarely
				3 Sometimes
				4 Often
	91	promisdepression3	I felt depressed	radio (Matrix), Required
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
	92	promisdepression4	I felt hopeless	radio (Matrix), Required
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
	93	i folt like a failure	I felt like a failure	
	93	i_felt_like_a_failure	THEIL LIKE A TAILUTE	radio (Matrix)  1 Never
				2 Rarely
				3 Sometimes
				4 Often
	94	i_felt_unhappy	I felt unhappy	radio (Matrix)
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
	l	1	<u> </u>	

و	i_felt_that_i_had_nothi	I felt that I had nothing to look forward to	radio (Matrix)
	ng		1 Never
			2 Rarely
			3 Sometimes
			4 Often
٥	96 i_felt_that_nothing_co	I felt that nothing could cheer me up	radio (Matrix)
	uld		1 Never
			2 Rarely
			3 Sometimes
			4 Often
9	promissleepdisturban	Section Header: Sleep	radio (Matrix), Required
	ce1	In the past 7 days, my sleep quality was	1 Very poor
			2 Poor
			3 Fair
			4 Good
			5 Very good
٥	98 promissleepdisturban	Section Header: In the past 7 days	radio (Matrix), Required
	ce2	My sleep was refreshing	1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
٥	99 promissleepdisturban	I had a problem with my sleep	radio (Matrix), Required
	ce3		1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
1	00 promissleepdisturban	I had difficulty falling alseep	radio (Matrix), Required
	ce4		1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much

101	my_sleep_was_restles s	My sleep was restless	radio (Matrix), Required  1 Not at all 2 A little bit
			<ul><li>3 Somewhat</li><li>4 Quite a bit</li><li>5 Very much</li></ul>
102	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
103	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
104	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
105	edang03	Section Header: <i>In the past 7 days</i> I was irritated more than people knew	radio (Matrix), Required  1 Never  2 Rarely  3 Sometimes  4 Often  5 Always
106	edang09	I felt angry	radio (Matrix), Required  1 Never  2 Rarely  3 Sometimes  4 Often  5 Always

107	edang15	l felt like l was ready to explode	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
108	edang30	I was grouchy	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
109	edang35	I felt annoyed	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
110	i_felt_fearful	Section Header: In the past 7 days	radio (Matrix)
		l felt fearful	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
111	i_found_it_hard_to_fo	I found it hard to focus on anything other	radio (Matrix)
	cus_o	than my anxiety	1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
112	my_worries_overwhel	My worries overwhelmed me	radio (Matrix)
	med_me		1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always

	113	i_felt_uneasy	l felt uneasy	radio (Matrix)
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
				5 Always
	114	i_felt_nervous	I felt nervous	radio (Matrix)
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
				5 Always
	115	i_felt_like_i_needed_h	I felt like I needed help for my anxiety	radio (Matrix)
		elp		1 Never
				2 Rarely
				3 Sometimes
				4 Often
				5 Always
	116	i_felt_anxious	I felt anxious	radio (Matrix)
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
				5 Always
	117	i_felt_tense	I felt tense	radio (Matrix)
				1 Never
				2 Rarely
				3 Sometimes
				4 Often
				5 Always
	118	promis_4_ceq_comple	Section Header: Form Status	dropdown
		te	Complete?	0 Incomplete
				1 Unverified
				2 Complete
Ins	trum	nent: <b>Lotr</b> (lotr)		
		. ,		

	lotr1	Section Header: Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.  In uncertain times, I usually expect the best.  It's easy for me to relax.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot  radio (Matrix), Required  1   I agree a lot
			<ul> <li>2   I agree a little</li> <li>3   I neither agree or disagree</li> <li>4   I DISagree a little</li> <li>5   I DISagree a lot</li> </ul>
121	lotr3	If something can go wrong for me, it will.	radio (Matrix), Required  1
122	lotr4	I'm always optimistic about my future.	radio (Matrix), Required  1
123	lotr5	I enjoy my friends a lot.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot
124	lotr6	It's important for me to keep busy.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot

	125	lotr7	I hardly ever expect things to go my way.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot
	126	lotr8	I don't get upset too easily.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot
	127	lotr9	I rarely count on good things happening to me.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot
	128	lotr10	Overall, I expect more good things to happen to me than bad.	radio (Matrix), Required  1   I agree a lot  2   I agree a little  3   I neither agree or disagree  4   I DISagree a little  5   I DISagree a lot
Inc		lotr_complete	Section Header: Form Status  Complete?  gulations Questionnaire (emotional_re	dropdown  0 Incomplete  1 Unverified  2 Complete

130	erq1	Section Header: We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways.  When I was to feel more positive emotion (such as joy or or amusement), I change what I'm thinking about	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
131	erq2	I keep my emotions to myself.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
132	erq3	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
133	erq4	When I am feeling positive emotions, I am careful not to express them.	slider, Required Slider labels: strongly agree, neutral, strongly disagree Custom alignment: RH
134	erq5	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
135	erq6	I control my emotions by not expressing them.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
136	erq7	When I want to feel more positive emotion, I change the way I'm thinking about the situation.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
137	erq8	I control my emotions by changing the way I think about the situation I'm in.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
138	erq9	When I am feeling negative emotions, I make sure not to express them.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH
139	erq10	When I want to feel less negative emotion, I change the way I'm thinking about the situation.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH

140	emotional_regulation s_questionnaire_com plete	Section Header: Form Status  Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete
strum	ent: <b>Fear of Pain Q</b> u	uestionnaire (fear_of_pain_questionnaire	·)
141	being_in_an_automob ile_acc	Section Header: The items listed below describe painful experiences. Please look at each item and think about how FEARFUL you are of experiencing the PAIN associated with each item. If you have never experienced the PAIN of a particular item, please answer on the basis of how FEARFUL you expect you would be if you had such an experience. Circle one rating per item to rate your FEAR OF PAIN in relation to each event.  Being in an automobile accident	radio (Matrix), Required  1 Not at All  2 A Little  3 A Fair Amount  4 Very Much  5 Extreme
142	biting_your_tongue_w hile_e	Biting your tongue while eating	radio (Matrix), Required  1 Not at All  2 A LIttle  3 A Fair Amount  4 Very Much  5 Extreme
143	breaking_your_arm	Breaking your arm	radio (Matrix), Required  1 Not at All 2 A LIttle 3 A Fair Amount 4 Very Much 5 Extreme
144	utting_your_tongue_li cking	Cutting your tongue licking an envelope	radio (Matrix), Required  1 Not at All  2 A Little  3 A Fair Amount  4 Very Much  5 Extreme
145	having_a_heavy_objec t_hit	Having a heavy object hit you in the head	radio (Matrix), Required  1 Not at All 2 A Little 3 A Fair Amount 4 Very Much 5 Extreme

146	breaking_your_leg	Breaking your leg	radio (Matrix), Required
			1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
147	hitting_a_sensitive_bo	Hitting a sensitive bone in your elbow-your	radio (Matrix), Required
,	ne_i	"funny bone"	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
148	having_a_blood_samp	Having a blood sample drawn with a	radio (Matrix), Required
	le_draw	hypodermic needle	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
149	having_someone_sla	Having someone slam a heavy car door on	radio (Matrix), Required
	m_a_heav	your hand	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
150	falling_down_a_flight_	Falling down a flight of concrete stairs	radio (Matrix), Required
	of_c		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
151	receiving_an_injection	Receiving an injection in your arm	radio (Matrix), Required
	_in		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme

152	burning_your_fingers_	Burning your fingers with a match	radio (Matrix), Required
	with		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
153	breaking_your_neck	Breaking your neck	radio (Matrix), Required
			1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
154	receiving_an_injection	Receiving an injection in your hip/buttocks	radio (Matrix), Required
	_in2		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
155	having_a_deep_splint	Having a deep splinter in the sole of your	radio (Matrix), Required
	er_in	foot probed and removed with tweezers	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
156	having_an_eye_doctor _remov	Having an eye doctor remove a foreign particle stuck in your eye	radio (Matrix), Required
		particle stack in your eye	1 Not at All
			2 A Little
			3 A Fair Amount 4 Very Much
			5 Extreme
157	receiving an intention	Describing an injection in comments	
15/	receiving_an_injection _in3	Receiving an injection in your mouth	radio (Matrix), Required  1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme

158	being_burned_on_you	Being burned on your face by a lit cigarette	radio (Matrix), Required
.50	r_face	Being samed on your face by a ne eiger ette	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
159	getting_a_paper_cut_o	Getting a paper-cut on your finger	radio (Matrix), Required
	n_you	Committee of the control of the cont	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
160	receiving_stitches_in_	Receiving stitches in your lip	radio (Matrix), Required
	your		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
161	having_a_foot_doctor	Having a foot doctor remove a wart from	radio (Matrix), Required
	_remov	your foot with a sharp instrument	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
162	cutting_yourself_while	Cutting yourself while shaving with a sharp	radio (Matrix), Required
	_sha	razor	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
163	gulping_a_hot_drink_	Gulping a hot drink before it has cooled	radio (Matrix), Required
	before		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme

164	getting_strong_soap_i	Getting strong soap in both your eyes while	radio (Matrix), Required
	n_bot	bathing or showering	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
165	having_a_terminal_illn	Having a terminal illness that causes you	radio (Matrix), Required
	ess	daily pain	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
166	having_a_tooth_pulle	Having a tooth pulled	radio (Matrix), Required
	d		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
167	vomiting_repeatedly_	Vomiting repeatedly because of food	radio (Matrix), Required
	becaus	poisoning	1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
168	having_sand_or_dust_	Having sand or dust blow into your eyes	radio (Matrix), Required
	blow_i		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme
169	having_one_of_your_t	Having one of your teeth drilled	radio (Matrix), Required
	eeth_d		1 Not at All
			2 A Little
			3 A Fair Amount
			4 Very Much
			5 Extreme

170	having_a_muscle_cra mp	Having a muscle cramp	radio (Matrix), Required  1 Not at All 2 A Little 3 A Fair Amount 4 Very Much 5 Extreme
	fear_of_pain_question naire_complete ent: <b>Mindful Attent</b>	Section Header: Form Status  Complete?  cion Awareness Scale (mindful_attentio	dropdown  0 Incomplete  1 Unverified  2 Complete  n awareness scale)
	i_could_be_experienci ng_so	Section Header: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be.	radio (Matrix), Required  1 Almost Always 2 Very Frequently 3 Somewhat Frequently
		Please treat each item separately from every other item.  I could be experiencing some emotion and not be conscious of it until some time later.	4 Somewhat Infrequently 5 Very Infrequently 6 Almost Never
173	i_break_or_spill_thing s_be	I break or spill things because of carelessness, not paying attention, or thinking of something else.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
174	i_find_it_difficult_to_st a	I find it difficult to stay focused on what's happening in the present.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never

175	i_tend_to_walk_quickl y_to	I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
176	i_tend_not_to_notice_f eeli	I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
177	i_forget_a_person_s_n ame_a	I forget a person's name almost as soon as I've been told it for the first time.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
178	it_seems_i_am_runnin g_on_a	It seems I am "running on automatic," without much awareness of what I'm doing.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
179	i_rush_through_activit ies	I rush through activities without being really attentive to them.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never

180	i_get_so_focused_on_t he_go	I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
181	i_do_jobs_or_tasks_au tomat	I do jobs or tasks automatically, without being aware of what I'm doing.	<ul> <li>radio (Matrix), Required</li> <li>1 Almost Always</li> <li>2 Very Frequently</li> <li>3 Somewhat Frequently</li> <li>4 Somewhat Infrequently</li> <li>5 Very Infrequently</li> <li>6 Almost Never</li> </ul>
182	i_find_myself_listenin g_to	I find myself listening to someone with one ear, doing something else at the same time.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
183	i_drive_places_on_aut omati	I drive places on "automatic pilot" and then wonder why I went there.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
184	i_find_myself_preoccu pied	I find myself preoccupied with the future or the past.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never

	185	i_find_myself_doing_t hings	I find myself doing things without paying attention.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
	186	i_snack_without_bein g_awar	I snack without being aware that I'm eating.	radio (Matrix), Required  1 Almost Always  2 Very Frequently  3 Somewhat Frequently  4 Somewhat Infrequently  5 Very Infrequently  6 Almost Never
	187	mindful_attention_aw areness_scale_comple te	Section Header: Form Status Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete
Ins		ent: <b>Generalized Se</b> i_can_always_manage _to_sol	Section Header: Read each sentence carefully and choose the number that best describes you.  I can always manage to solve difficult problems if I try hard enough.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
	189	if_someone_opposes_ me_i_ca	If someone opposes me, I can find the means and ways to get what I want.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
	190	it_is_easy_for_me_to_ stick	It is easy for me to stick to my aims and accomplish my goals.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true

1	191	i_am_confident_that_i _coul	I am confident that I could deal efficiently with unexpected events.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
1	192	thanks_to_my_resourc efulne	Thanks to my resourcefulness, I know how to handle unforeseen situations.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
1	193	i_can_solve_most_pro blems	I can solve most problems if I invest the necessary effort.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
1	194	i_can_remain_calm_w hen_fac	I can remain calm when facing difficulties because I can rely on my coping abilities.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
1	195	when_i_am_confronte d_with	When I am confronted with a problem, I can usually find several solutions.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
1	196	if_i_am_in_trouble_i_c an_u	If I am in trouble, I can usually think of a solution.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true
1	197	i_can_usually_handle_ whate	I can usually handle whatever comes my way.	radio (Matrix), Required  1 Not at all true  2 Hardly true  3 Moderately true  4 Exactly true

198	generalized_selfeffica	Section Header: Form Status	dropdown
	cy_scale_complete	Complete?	0 Incomplete
			1 Unverified
			2 Complete
strum	nent: <b>Tsk11 Sopa Em</b>	o 2 Items (tsk11_sopa_emo_2_items)	
199	tsk11_1	I'm afraid that I might injury myself if I	radio (Matrix), Required
		exercise	1 strongly disagree
			2 disagree
			3 agree
			4 strongly agree
200	tsk11_2	If I were to try to overcome it, my pain	radio (Matrix), Required
		would increase	1 strongly disagree
			2 disagree
			3 agree
			4 strongly agree
201	tsk11_3	My body is telling me I have something	radio (Matrix), Required
		dangerously wrong	1 strongly disagree
			2 disagree
			3 agree
			4 strongly agree
202	tsk11_4	People aren't taking my medical condition	radio (Matrix), Required
		seriously enough	1 strongly disagree
			2 disagree
			3 agree
			4 strongly agree
203	tsk11_5	My accident/injury/problem has put my	radio (Matrix), Required
		body at risk for the rest of my life	1 strongly disagree
			2 disagree
			3 agree
			4 strongly agree
204	tsk11_6	Pain always means I have injured my body	radio (Matrix), Required
			1 strongly disagree
			2 disagree
			3 agree
			4 strongly agree

205	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
206	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
207	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
208	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
209	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
210	sopa_emo1	There is a connection between my emotions and my pain level	radio (Matrix), Required  1 Very untrue for me  2 Somewhat untrue for me  3 Neither true nor untrue for me  4 Somewhat true for me  5 Very true for me
211	sopa_emo2	Stress in my life increases the pain I feel	radio (Matrix), Required  1 Very untrue for me  2 Somewhat untrue for me  3 Neither true nor untrue for me  4 Somewhat true for me  5 Very true for me

212	tsk11_sopa_emo_2_ite ms_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete
	·		1 Unverified 2 Complete
nstrum	nent: <b>ACE + clarke1</b>	l (ace_clarke1)	
213	ace1	Did a parent or other adult in the household OFTEN swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid that you might be physically hurt?	radio (Matrix), Required  0 No 1 Yes
214	ace2	Did a parent or other adult in the household OFTEN push, grab, slap, or throw something at you? OR ever hit you so hard that you had marks or were injured?	radio (Matrix), Required  0 No 1 Yes
215	ace3	Did an adult or person at least 5 years older than you EVER touch or fondle you or have you touch their body in a sexual way? OR try to or actually have oral, anal, or vaginal sex with you?	radio (Matrix), Required  0 No 1 Yes
216	ace4	Did you OFTEN feel that no one in your family loved you or thought you were important or special? OR your family didn't look out for each other, feel close to each other, or support each other?	radio (Matrix), Required  0 No 1 Yes
217	ace5	Did you OFTEN feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	radio (Matrix), Required  0 No 1 Yes
218	ace6	Were your parents EVER separated or divorced?	radio (Matrix), Required  0 No 1 Yes
219	ace7	Was your mother or stepmother OFTEN pushed, grabbed, slapped, or had something thrown at her? OR SOMETIMES OR OFTEN kicked, bitten, hit with a fist, or hit with something hard? OR EVER repeatedly hit over at least a few minutes or threatened with a gun or knife?	radio (Matrix), Required  0 No 1 Yes
220	ace8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	radio (Matrix), Required  0 No 1 Yes

	221	ace9	Was a household member depressed or mentally ill or did a household member attempt suicide?	radio (Matrix), Required  0 No 1 Yes
	222	ace10	Did a household member go to prison?	radio (Matrix), Required  0 No 1 Yes
	223	clarke_ace	How would you feel if you discovered that a child you care about was experiencing everything you did as a child?	radio, Required  0 Happy  1 Neutral  2 Sad or angry  3 Very sad or very angry
	224	ace_clarke1_complete	Section Header: Form Status Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete
Ins	trum	ent: <b>TLFB</b> (tlfb)		
	225	alcohol_day_14	Section Header: <i>Alcohol</i> Alcohol - Day -14	text (number), Required
	226	alcohol_day_13	Alcohol - Day -13	text (number), Required
	227	alcohol_day_12	Alcohol - Day -12	text (number), Required
	228	alcohol_day_11	Alcohol - Day -11	text (number), Required
	229	alcohol_day_10	Alcohol - Day -10	text (number), Required
	230	alcohol_day_9	Alcohol - Day -9	text (number), Required
	231	alcohol_day_8	Alcohol - Day -8	text (number), Required
	232	alcohol_day_7	Alcohol - Day -7	text (number), Required
	233	alcohol_day_6	Alcohol - Day -6	text (number), Required
	234	alcohol_day_5	Alcohol - Day -5	text (number), Required
	235	alcohol_day_4	Alcohol - Day -4	text (number), Required
	236	alcohol_day_3	Alcohol - Day -3	text (number), Required
	237	alcohol_day_2	Alcohol - Day -2	text (number), Required
	238	alcohol_day_1	Alcohol - Day -1	text (number), Required
	239	cannabis_day_14	Section Header: <i>Cannabis</i> Cannabis - Day -14	text (number), Required
	240	cannabis_day_13	Cannabis - Day -13	text (number), Required
	241	cannabis_day_12	Cannabis - Day -12	text (number), Required
	242	cannabis_day_11	Cannabis - Day -11	text (number), Required
	243	cannabis_day_10	Cannabis - Day -10	text (number), Required

244	cannabis_day_9	Cannabis - Day -9	text (number), Required
245	cannabis_day_8	Cannabis - Day -8	text (number), Required
246	cannabis_day_7	Cannabis - Day -7	text (number), Required
247	cannabis_day_6	Cannabis - Day -6	text (number), Required
248	cannabis_day_5	Cannabis - Day -5	text (number), Required
249	cannabis_day_4	Cannabis - Day -4	text (number), Required
250	cannabis_day_3	Cannabis - Day -3	text (number), Required
251	cannabis_day_2	Cannabis - Day -2	text (number), Required
252	cannabis_day_1	Cannabis - Day -1	text (number), Required
253	opioid_day_14	Section Header: <i>Opioids</i> Opioid - Day -14	text (number), Required
25.4	aniaid day 12	-	tout (numbers) Described
	opioid_day_13	Opioid - Day -13	text (number), Required
255	opioid_day_12	Opioid - Day -12	text (number), Required
256	opioid_day_11	Opioid - Day -11	text (number), Required
257	opioid_day_10	Opioid - Day -10	text (number), Required
258	opioid_day_9	Opioid - Day -9	text (number), Required
259	opioid_day_8	Opioid - Day -8	text (number), Required
260	opioid_day_7	Opioid - Day -7	text (number), Required
261	opioid_day_6	Opioid - Day -6	text (number), Required
262	opioid_day_5	Opioid - Day -5	text (number), Required
263	opioid_day_4	Opioid - Day -4	text (number), Required
264	opioid_day_3	Opioid - Day -3	text (number), Required
265	opioid_day_2	Opioid - Day -2	text (number), Required
266	opioid_day_1	Opioid - Day -1	text (number), Required
267	tlfb_complete	Section Header: Form Status Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete

Instrument: **Cliexa** (cliexa)

268	please_take_out_your _phone	Please take out your phone and download the Cliexa-EASE app from the app store / Play store. The experimenter will help walk you through the installation and set up. Once the app is open, please complete the "I Feel" task, and please also record your current medications.  For the "I Feel" task, please select the feelings that you have had *IN THE PAST WEEK*. Use the scale that will pop up to rate how intense the feelings were, and then draw on your body where you were feeling it. If you did not feel anything in your body, select "No specific location".  The data you enter in this app is anonymous, and we will not share any other information about you with Cliexa. So Cliexa will not be able to link this data to you in any way.	descriptive
269	were_you_able_to_co mplete	Were you able to complete the Cliexa-EASE app?	yesno 1 Yes 0 No
270	cliexa_complete	Section Header: Form Status  Complete?	dropdown  0 Incomplete  1 Unverified  2 Complete