




University of Colorado

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

## Psych Tx for Chronic Back Pain

 Codebook ▼

### Data Dictionary Codebook

11/25/2018 4:48pm

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: <b>Eligibility Prescreening</b> (eligibility_prescreening)			
1	record_id	Record ID	text
2	consent_field	<p>Mind-body treatments for chronic back pain Investigator: Dr. Tor D. Wager, CU Boulder</p> <p>Thank you for your interest in this study. Before you come in to learn more about the study, it would be helpful to see if you are likely to qualify to be in the study. In order to do this, we would like to ask you some eligibility questions, which will include questions about your back pain, mental health history, medical history, and more. It should take about 15 minutes to go through these questions.</p> <p>We invite you to take part in a research study because you suffer from chronic back pain. The purpose of this study is to test the efficacy of a novel mind-body treatment for back pain. In this study, we want to understand how this treatment relieves pain by scanning your brain using functional magnetic resonance imaging (fMRI). In addition to the fMRI measurements, we will collect blood draws from you, and collect electroencephalography (EEG) measures of brain activity. Both fMRI and EEG are widely used, safe, non-invasive measures of brain activity.</p> <p>During the fMRI session you will be asked to</p>	descriptive

perform a set of tasks. These include 1) pressure stimulations applied to your fingernail that will be tolerably painful, 2) listening to unpleasant sounds, and 3) providing ratings of your ongoing back pain. During the MRI scan, we may place you in a somewhat uncomfortable position (i.e., a mild back extension) to elicit back pain of moderate intensity.

You will be randomized into one of two groups, like flipping a coin. One group will receive the treatment as soon as possible after the first assessment session; the other group (a "wait-list" group) will be offered a treatment about 4 weeks after the first assessment session. Both groups will be asked to not pursue any other treatments in the 4 week period between the assessment sessions.

The study involves an eligibility assessment session, a baseline MRI session, receiving the treatment, and then, about 4 weeks later, a post-treatment MRI session. EEG will be collected at the eligibility session.

During the course of this study, we ask you to continue your normal treatment schedule and not to add, stop, or change any treatment-related activities unless determined as necessary by your physician. This is important to help us compare changes in the treatment group to changes in the wait-list group.

Payment will be around \$225 for completing the study.

The questions below will assess your eligibility for the study and will take about 15 minutes to complete. All the information you provide will be kept confidential and only accessible to members of the research team. If you are eligible, we will call you to provide further details about the study and see whether you'd like to participate.

We are also required to give you the number of University of Colorado Boulder IRB, the Ethics Board that oversees our research, in case you have questions or concerns for them: it is (303) 735-3702. The IRB is not be able to answer specific questions about study participation. If you have questions about study participation, you may email [canlab@colorado.edu](mailto:canlab@colorado.edu) with your questions or with your phone number and a team member will give you a call. If you

		complete the questions below, a study member will be in touch with you shortly regarding your eligibility and to provide more information about the study.																							
3	age_in_range	Is your age between 21 and 70?	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																		
1	Yes																								
2	No																								
4	gender	Gender	radio, Required <table border="1"> <tr> <td>1</td><td>Male</td></tr> <tr> <td>2</td><td>Female</td></tr> <tr> <td>3</td><td>Other</td></tr> </table>	1	Male	2	Female	3	Other																
1	Male																								
2	Female																								
3	Other																								
5	backpain_length	How long has back pain been an ongoing problem for you (in years)? <i>In years. e.g., 9 months would be 0.75</i>	text (number, Min: 0, Max: 80), Required																						
6	backpain_frequency	How often has low back pain been an ongoing problem for you over the past 6 months?	radio, Required <table border="1"> <tr> <td>1</td><td>less than half the days</td></tr> <tr> <td>2</td><td>half the days</td></tr> <tr> <td>3</td><td>more than half the days</td></tr> </table>	1	less than half the days	2	half the days	3	more than half the days																
1	less than half the days																								
2	half the days																								
3	more than half the days																								
7	backpain_intensity	In the past week, how intense has your back pain been?	radio, Required <table border="1"> <tr> <td>0</td><td>0 - no pain</td></tr> <tr> <td>1</td><td>1</td></tr> <tr> <td>2</td><td>2</td></tr> <tr> <td>3</td><td>3</td></tr> <tr> <td>4</td><td>4</td></tr> <tr> <td>5</td><td>5</td></tr> <tr> <td>6</td><td>6</td></tr> <tr> <td>7</td><td>7</td></tr> <tr> <td>8</td><td>8</td></tr> <tr> <td>9</td><td>9</td></tr> <tr> <td>10</td><td>10 - pain as bad as you can imagine</td></tr> </table>	0	0 - no pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - pain as bad as you can imagine
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8	8																								
9	9																								
10	10 - pain as bad as you can imagine																								
8	is_your_leg_pain_worse_than_your_back_pain?	Is your leg pain worse than your back pain?	radio, Required <table border="1"> <tr> <td>1</td><td>yes</td></tr> <tr> <td>2</td><td>no</td></tr> </table>	1	yes	2	no																		
1	yes																								
2	no																								
9	current_opioid_use	Are you currently using opioid painkillers to manage your pain? <i>i.e., Vicodin, Lortab, Norco, hydrocodone, codeine, Tylenol #3 or #4, fentanyl, Duragesic, MS Contin, Percocet, TYlox, OxyContin, oxycodone, methadone, tramadol, Ultram, Dilaudid</i>	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																		
1	Yes																								
2	No																								

10	painkiller_length  Show the field ONLY if: [current_opioid_use] = '1'	Please describe how often and for how long you used these medications.	text									
11	workerscomp	Do you receive or have you recently applied for disability, worker's compensation, or any other form of compensation that is associated with your pain?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
12	is_this_because_of_your_pain	Is this because of your pain?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
13	do_you_have_any_litigation	Do you have any litigation or court cases that are related to your pain in any way, either right now or in the past year?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
14	pregnancy	Are you currently pregnant or have plans to become pregnant within the next couple of months?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
15	email_text_ok	Are you comfortable with using email or text messages to communicate with the study team?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
16	preferred_contact	Which do you prefer for occasional study communications?	checkbox, Required <table><tr><td>1</td><td>preferred_contact__1</td><td>email</td></tr><tr><td>2</td><td>preferred_contact__2</td><td>text messages</td></tr><tr><td>3</td><td>preferred_contact__3</td><td>no preference</td></tr></table>	1	preferred_contact__1	email	2	preferred_contact__2	text messages	3	preferred_contact__3	no preference
1	preferred_contact__1	email										
2	preferred_contact__2	text messages										
3	preferred_contact__3	no preference										
17	english_proficiency	Do you have 8th grade English proficiency or equivalent?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
18	transportation	Do you have a method of transportation with will enable you to attend assessment sessions, which will be near Arapahoe and 33rd St. in Boulder	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
19	sick	Have you been sick in the last four weeks?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											
20	immunosuppressant	Do you currently take an immunosuppressant drug, such as an oral (pill) steroid, on a regular basis?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No					
1	Yes											
2	No											

21	autoimmune	Have you been diagnosed with a specific inflammatory disorder by a doctor, such as rheumatoid arthritis, polymyalgia rheumatica, scleroderma, Lupus, polymyotosis, or ankylosing spondylitis?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
2	No										
22	medications_change	Are you willing to not change your current medication use for the duration of this study?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
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23	have_you_ever_been_diagnos	Have you ever been diagnosed with schizophrenia, multiple personality disorder, or dissociative identity disorder?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
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24	have_you_ever_been_diagnos2	Have you ever been diagnosed with cancer of the breast, thyroid, lung, kidney, prostate or blood cancer?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
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25	in_the_past_year_hav_e_you	In the past year, have you had an unexplained, unintended weight loss of 20 lbs. or more?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
2	No										
26	do_you_have_difficult_y_con	Do you have difficulty controlling your bowel or bladder function?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
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2	No										
27	stroke_neurological_event	Have you ever had a stroke or brain surgery, or ever been diagnosed with a brain tumor?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
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28	do_you_use_intravenous_dru	Do you use intravenous drugs?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
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29	waitlist	If you are randomized to the wait-list group, are you willing to wait to get any treatments for your back until the 3-week waiting period is completed?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No				
1	Yes										
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30	last_name	Last Name	text, Required, Identifier								
31	first_name	First Name	text, Required, Identifier								
32	email	E-mail address	text (email), Required, Identifier								
33	phonenumber	Telephone Number	text (phone), Required, Identifier								
34	age	Age	dropdown (autocomplete), Required <table><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr></table>	21	21	22	22	23	23	24	24
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70	70																																									
35	height	Height <i>please enter your height as ft' in"</i>	text, Required																																							
36	weight	Weight <i>please enter your weight in pounds</i>	text (number), Required																																							
37	dob	Date of birth	text (date_mdy), Required, Identifier																																							
38	mri_safety	<p>MRI Safety Assessment (Please select the following implants or items which you have)</p> <p><i>Our study involves brain scanning using MRI (magnetic resonance imaging). Do you have any of the following implants or items within your body as a result of any prior or recent medical experience? If you do not wish to specify (this is preferred), just check "ONE OR MORE OF THE ABOVE".</i></p>	checkbox, Required <table border="1"> <tr> <td>1</td><td>mri_safety__1</td><td>Aneurysm clips</td></tr> <tr> <td>2</td><td>mri_safety__2</td><td>Intracranial bypass graft clips</td></tr> <tr> <td>3</td><td>mri_safety__3</td><td>Coronary artery bypass clips or cardiac valve</td></tr> <tr> <td>4</td><td>mri_safety__4</td><td>Renal transplant clips</td></tr> <tr> <td>5</td><td>mri_safety__5</td><td>Other vascular clips or filters</td></tr> <tr> <td>6</td><td>mri_safety__6</td><td>surgical staples or wire sutures</td></tr> <tr> <td>7</td><td>mri_safety__7</td><td>Cardiac pacemaker or pacemaker wires</td></tr> <tr> <td>8</td><td>mri_safety__8</td><td>Middle ear or orbital (eye) prosthesis</td></tr> <tr> <td>9</td><td>mri_safety__9</td><td>Artificial joint or limb prosthesis</td></tr> <tr> <td>10</td><td>mri_safety__10</td><td>Surgical screws, nails or rods</td></tr> <tr> <td>11</td><td>mri_safety__11</td><td>Breast tissue expander</td></tr> <tr> <td>12</td><td>mri_safety__12</td><td>Neurostimulator</td></tr> <tr> <td>13</td><td>mri_safety__13</td><td>Biostimulator</td></tr> </table>	1	mri_safety__1	Aneurysm clips	2	mri_safety__2	Intracranial bypass graft clips	3	mri_safety__3	Coronary artery bypass clips or cardiac valve	4	mri_safety__4	Renal transplant clips	5	mri_safety__5	Other vascular clips or filters	6	mri_safety__6	surgical staples or wire sutures	7	mri_safety__7	Cardiac pacemaker or pacemaker wires	8	mri_safety__8	Middle ear or orbital (eye) prosthesis	9	mri_safety__9	Artificial joint or limb prosthesis	10	mri_safety__10	Surgical screws, nails or rods	11	mri_safety__11	Breast tissue expander	12	mri_safety__12	Neurostimulator	13	mri_safety__13	Biostimulator
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20	mri_safety__20	NONE OF THE ABOVE																						
39	welder	Have you ever worked as a welder or machinist?	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							
40	metaleye	Have you ever had metal removed from your eye?	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							
41	contacts	If you need vision correction, do you have contacts you can wear?	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							
42	metalbody	Do you have any metal either on or in your body that cannot be removed during the MRI scan? (Examples include aneurysm clips, cardiac pacemakers, implanted defibrillator, electronic implants, neurostimulation system, magnetically-activated implants, internal electrodes, spinal cord stimulator, cochlear implants, any type of prosthesis, metallic stent, filter or coil, spinal or intraventricular stent, medication patch, surgical or metallic staples, bone/joint pin, screw, nail, wire, plate, etc., dentures or partial plates, non-removable body piercings)	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							
43	claustrophobic	Do you have claustrophobia?	radio, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							



44	are_you_participating_in_a	Are you participating in any other clinical or research studies right now?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
45	how_did_you_hear_about_thi	How did you hear about this study	radio <table border="1"> <tr> <td>1</td> <td>Flyer</td> </tr> <tr> <td>2</td> <td>Facebook advertisement</td> </tr> <tr> <td>3</td> <td>Newspaper advertisement</td> </tr> <tr> <td>4</td> <td>Craigslist</td> </tr> <tr> <td>5</td> <td>CU Boulder Today</td> </tr> <tr> <td>7</td> <td>Google advertisement</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table>	1	Flyer	2	Facebook advertisement	3	Newspaper advertisement	4	Craigslist	5	CU Boulder Today	7	Google advertisement	6	Other
1	Flyer																
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5	CU Boulder Today																
7	Google advertisement																
6	Other																
46	where_was_the_flyer_posted  Show the field ONLY if: [how_did_you_hear_about_thi] = '1'	Where was the flyer posted?	text														
47	please_specify_how_you_hear  Show the field ONLY if: [how_did_you_hear_about_thi] = '6'	Please specify how you heard about this study	text, Required														
48	if_you_have_any_other_comm2	If you have any other comments you think may be relevant to our research team, please note them here:	notes														
49	eligibility_prescreening_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Admin</b> (admin)																	

50	how_similar_bladder_pai_t1	T1: How similar bladder pain to your pain?	radio <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table> Custom alignment: RH	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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51	how_similar_bladder_pai_t2	T2: How similar bladder pain to your pain?	radio <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table> Custom alignment: RH	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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8	8																						
9	9																						
10	10																						
52	consent_to_recontact_for_f	Consent to recontact for future studies?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No																
1	Yes																						
0	No																						
53	consent_recordings_educational_purposes	Consent to use psychotherapy recordings for educational purposes?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No																
1	Yes																						
0	No																						
54	study_alloc	study allocation	radio <table><tr><td>1</td><td>Placebo vs. waitlist study</td></tr><tr><td>2</td><td>Psychotherapy vs. waitlist study</td></tr></table>	1	Placebo vs. waitlist study	2	Psychotherapy vs. waitlist study																
1	Placebo vs. waitlist study																						
2	Psychotherapy vs. waitlist study																						

55	tx_vs_waitlist_alloc	treatment vs. waitlist allocation	radio <table><tr><td>1</td><td>treatment</td></tr><tr><td>2</td><td>waitlist</td></tr></table>	1	treatment	2	waitlist						
1	treatment												
2	waitlist												
56	age_decile	age decile	radio <table><tr><td>1</td><td>20s</td></tr><tr><td>2</td><td>30s</td></tr><tr><td>3</td><td>40s</td></tr><tr><td>4</td><td>50s</td></tr><tr><td>5</td><td>60s or 70s</td></tr></table>	1	20s	2	30s	3	40s	4	50s	5	60s or 70s
1	20s												
2	30s												
3	40s												
4	50s												
5	60s or 70s												
57	pain_decile	pain decile. Their pain on BPI "pain on average" at T1 assessment was in which range:	radio <table><tr><td>1</td><td>0 - 3</td></tr><tr><td>2</td><td>4 - 5</td></tr><tr><td>3</td><td>6 - 7</td></tr><tr><td>4</td><td>8 - 10</td></tr></table>	1	0 - 3	2	4 - 5	3	6 - 7	4	8 - 10		
1	0 - 3												
2	4 - 5												
3	6 - 7												
4	8 - 10												
58	eligibility_session_date	Eligibility Session Date	text (date_mdy)										
59	baseline_date	Date of Baseline	text (date_mdy)										
60	stop_peri_t1	Stop Peri-T1 surveys?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
61	treatment_date	Date of Treatment	text (date_mdy)										
62	stop_daily	Stop Weekly Treatment Surveys? <i>really, this field should be called 'stop_weekly' but not worth the trouble of renaming all the logic</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
63	t2_date	T2 Date	text (date_mdy)										
64	stop_peri_t2	Stop Peri-T2 surveys?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
65	heel_to_bladder_edge_distance	heel_to_bladder_edge_distance	text (number) Field Annotation: inches										

66	repressed_emotion	How much repressed emotion did this patient have when they began treatment, knowing what you know about them now? <i>To be rated by therapist at end of treatment</i>	radio <table><tr><td>0</td><td>0 - None</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 - Extremely repressed emotions</td></tr></table>	0	0 - None	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - Extremely repressed emotions
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10	10 - Extremely repressed emotions																								
67	admin_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																
0	Incomplete																								
1	Unverified																								
2	Complete																								
Instrument: <b>TLFB</b> (tlfb)																									
68	alcohol_day_14	Section Header: <i>Alcohol</i> Alcohol - Day -14	text (number), Required																						
69	alcohol_day_13	Alcohol - Day -13	text (number), Required																						
70	alcohol_day_12	Alcohol - Day -12	text (number), Required																						
71	alcohol_day_11	Alcohol - Day -11	text (number), Required																						
72	alcohol_day_10	Alcohol - Day -10	text (number), Required																						
73	alcohol_day_9	Alcohol - Day -9	text (number), Required																						
74	alcohol_day_8	Alcohol - Day -8	text (number), Required																						
75	alcohol_day_7	Alcohol - Day -7	text (number), Required																						
76	alcohol_day_6	Alcohol - Day -6	text (number), Required																						
77	alcohol_day_5	Alcohol - Day -5	text (number), Required																						
78	alcohol_day_4	Alcohol - Day -4	text (number), Required																						
79	alcohol_day_3	Alcohol - Day -3	text (number), Required																						
80	alcohol_day_2	Alcohol - Day -2	text (number), Required																						
81	alcohol_day_1	Alcohol - Day -1	text (number), Required																						
82	cannabis_day_14	Section Header: <i>Cannabis</i> Cannabis - Day -14	text (number), Required																						
83	cannabis_day_13	Cannabis - Day -13	text (number), Required																						
84	cannabis_day_12	Cannabis - Day -12	text (number), Required																						

85	cannabis_day_11	Cannabis - Day -11	text (number), Required						
86	cannabis_day_10	Cannabis - Day -10	text (number), Required						
87	cannabis_day_9	Cannabis - Day -9	text (number), Required						
88	cannabis_day_8	Cannabis - Day -8	text (number), Required						
89	cannabis_day_7	Cannabis - Day -7	text (number), Required						
90	cannabis_day_6	Cannabis - Day -6	text (number), Required						
91	cannabis_day_5	Cannabis - Day -5	text (number), Required						
92	cannabis_day_4	Cannabis - Day -4	text (number), Required						
93	cannabis_day_3	Cannabis - Day -3	text (number), Required						
94	cannabis_day_2	Cannabis - Day -2	text (number), Required						
95	cannabis_day_1	Cannabis - Day -1	text (number), Required						
96	opioid_day_14	Section Header: <i>Opioids</i> Opioid - Day -14	text (number), Required						
97	opioid_day_13	Opioid - Day -13	text (number), Required						
98	opioid_day_12	Opioid - Day -12	text (number), Required						
99	opioid_day_11	Opioid - Day -11	text (number), Required						
100	opioid_day_10	Opioid - Day -10	text (number), Required						
101	opioid_day_9	Opioid - Day -9	text (number), Required						
102	opioid_day_8	Opioid - Day -8	text (number), Required						
103	opioid_day_7	Opioid - Day -7	text (number), Required						
104	opioid_day_6	Opioid - Day -6	text (number), Required						
105	opioid_day_5	Opioid - Day -5	text (number), Required						
106	opioid_day_4	Opioid - Day -4	text (number), Required						
107	opioid_day_3	Opioid - Day -3	text (number), Required						
108	opioid_day_2	Opioid - Day -2	text (number), Required						
109	opioid_day_1	Opioid - Day -1	text (number), Required						
110	tlfb_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>BPI-SF last week</b> (bpisf_last_week)									

111	pain_worst	<div>Section Header: <i>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</i></div> <div>at its WORST in the LAST WEEK:</div>	<div>radio (Matrix), Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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112	pain_least	<div>at its LEAST in the LAST WEEK:</div>	<div>radio (Matrix), Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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113	pain_avg	<div>on average:</div>	<div>radio (Matrix), Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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114	pain_now	right now:	radio (Matrix), Required	
			0	0
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			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10

115	general_activity	<p>Section Header: <i>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</i></p> <p>General activity</p>	radio (Matrix), Required	
			0	0
			1	1
			2	2
			3	3
			4	4
			5	5
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			9	9
			10	10

116	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

117	walking_ability	Walking ability	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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118	normal_work_includes_both	Normal work (includes both work outside the home and housework)	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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9	9																								
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119	relations_with_other_people	Relations with other people	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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120	sleep_interference	Sleep	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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121	enjoyment_of_life	Enjoyment of life	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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8	8																								
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122	bpsif_last_week_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
0	Incomplete																								
1	Unverified																								
2	Complete																								
Instrument: <b>OLBPDQ</b> (olbpdq)																									

123	pain_intensity	<p>Section Header: <i>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.</i></p> <p>Pain intensity</p>	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>I have no pain at the moment</td></tr><tr><td>2</td><td>The pain is very mild at the moment</td></tr><tr><td>3</td><td>The pain is moderate at the moment</td></tr><tr><td>4</td><td>The pain is fairly severe at the moment</td></tr><tr><td>5</td><td>The pain is very severe at the moment</td></tr><tr><td>6</td><td>The pain is the worst imaginable at the moment</td></tr></table>	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
radio, Required																	
1	I have no pain at the moment																
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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																
124	personal_care_washing_dressing	Personal care (washing, dressing etc)	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>I can look after myself normally without causing extra pain</td></tr><tr><td>2</td><td>I can look after myself normally but it causes extra pain</td></tr><tr><td>3</td><td>It is painful to look after myself and I am slow and careful</td></tr><tr><td>4</td><td>I need some help but manage most of my personal care</td></tr><tr><td>5</td><td>I need help every day in most aspects of self-care</td></tr><tr><td>6</td><td>I do not get dressed, I wash with difficulty and stay in bed</td></tr></table>	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
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																
125	lifting	Lifting	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>I can lift heavy weights without extra pain</td></tr><tr><td>2</td><td>I can lift heavy weights but it gives extra pain</td></tr><tr><td>3</td><td>Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table</td></tr><tr><td>4</td><td>Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned</td></tr><tr><td>5</td><td>I can lift very light weights</td></tr><tr><td>6</td><td>I cannot lift or carry anything at all</td></tr></table>	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
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																

126	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
127	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
128	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

129	sleeping	Sleeping	radio, Required <table><tr><td>1</td><td>My sleep is never disturbed by pain</td></tr><tr><td>2</td><td>My sleep is occasionally disturbed by pain</td></tr><tr><td>3</td><td>Because of pain I have less than 6 hours sleep</td></tr><tr><td>4</td><td>Because of pain I have less than 4 hours sleep</td></tr><tr><td>5</td><td>Because of pain I have less than 2 hours sleep</td></tr><tr><td>6</td><td>Pain prevents me from sleeping at all</td></tr></table>	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
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														
130	sex_life	Sex life	radio, Required <table><tr><td>1</td><td>My sex life is normal and causes no extra pain</td></tr><tr><td>2</td><td>My sex life is normal but causes some extra pain</td></tr><tr><td>3</td><td>My sex life is nearly normal but is very painful</td></tr><tr><td>4</td><td>My sex life is severely restricted by pain</td></tr><tr><td>5</td><td>My sex life is nearly absent because of pain</td></tr><tr><td>6</td><td>Pain prevents any sex life at all</td></tr></table>	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
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														
131	social_life	Social life	radio, Required <table><tr><td>1</td><td>My social life is normal and gives me no extra pain</td></tr><tr><td>2</td><td>My social life is normal but increases the degree of pain</td></tr><tr><td>3</td><td>Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport</td></tr><tr><td>4</td><td>Pain has restricted my social life and I do not go out as often</td></tr><tr><td>5</td><td>Pain has restricted my social life to my home</td></tr><tr><td>6</td><td>I have no social life because of pain</td></tr></table>	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
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														

132	travelling	Travelling	radio, Required <table><tr><td>1</td><td>I can travel anywhere without pain</td></tr><tr><td>2</td><td>I can travel anywhere but it gives me extra pain</td></tr><tr><td>3</td><td>Pain is bad but I manage journeys over two hours</td></tr><tr><td>4</td><td>Pain restricts me to journeys of less than one hour</td></tr><tr><td>5</td><td>Pain restricts me to short necessary journeys under 30 minutes</td></tr><tr><td>6</td><td>Pain prevents me from travelling except to receive treatment</td></tr></table>	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
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														
133	olbpdq_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: <b>PROMIS_4 +CEQ</b> (promis_4_ceq)															
134	promisdepression1	Section Header: <i>In the past 7 days...</i> I felt worthless	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often				
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
135	promisdepression2	I felt helpless	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often				
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
136	promisdepression3	I felt depressed	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often				
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
137	promisdepression4	I felt hopeless	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often				
1	Never														
2	Rarely														
3	Sometimes														
4	Often														

138	i_felt_like_a_failure	I felt like a failure	radio (Matrix), Required	
			1	Never
			2	Rarely
			3	Sometimes
			4	Often
139	i_felt_unhappy	I felt unhappy	radio (Matrix), Required	
			1	Never
			2	Rarely
			3	Sometimes
			4	Often
140	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
141	i_felt_that_nothing_could	I felt that nothing could cheer me up	radio (Matrix), Required	
			1	Never
			2	Rarely
			3	Sometimes
			4	Often
142	promissleepdisturbance1	Section Header: <i>Sleep</i> In the past 7 days, my sleep quality was	radio (Matrix), Required	
			1	Very poor
			2	Poor
			3	Fair
			4	Good
			5	Very good
143	promissleepdisturbance2	Section Header: <i>In the past 7 days...</i> My sleep was refreshing	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much

144	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
145	promissleepdisturbance4	I had difficulty falling asleep	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much
146	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
147	i_tried_hard_to_get_to_sleep	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
148	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
149	i_was_satisfied_with_my_sleep	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

150	edang03	Section Header: <i>In the past 7 days...</i> I was irritated more than people knew	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
151	edang09	I felt angry	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
152	edang15	I felt like I was ready to explode	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
153	edang30	I was grouchy	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
154	edang35	I felt annoyed	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
155	i_felt_fearful	Section Header: <i>In the past 7 days...</i> I felt fearful	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												



156	i_found_it_hard_to_fo cus_o	I found it hard to focus on anything other than my anxiety	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
157	my_worries_overwhel med_me	My worries overwhelmed me	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
158	i_felt_uneasy	I felt uneasy	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
159	i_felt_nervous	I felt nervous	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
160	i_felt_like_i_needed_h elp	I felt like I needed help for my anxiety	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
161	i_felt_anxious	I felt anxious	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												

162	i_felt_tense	I felt tense	radio (Matrix), Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
163	ceqset1_2	Section Header: <i>Expectations</i> At this point, how successful do you think this treatment will be in reducing your back pain?	slider, Required Slider labels: not at all successful, somewhat successful, very successful Custom alignment: RH										
164	promis_4_ceq_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Panas 10</b> (panas_10)													
165	panas10upset	Section Header: <i>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.</i> Upset	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
166	panas10ashamed	Ashamed	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
167	panas10nervous	Nervous	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												

168	panas10attentive	Attentive	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
169	panas10active	Active	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
170	panas10alert	Alert	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
171	panas10inspired	Inspired	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
172	panas10determined	Determined	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
173	panas10hostile	Hostile	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												

174	panas10afraid	Afraid	radio (Matrix), Required <table><tr><td>1</td><td>Very slightly or not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Extremely</td></tr></table>	1	Very slightly or not at all	2	A little	3	Moderately	4	Quite a bit	5	Extremely
1	Very slightly or not at all												
2	A little												
3	Moderately												
4	Quite a bit												
5	Extremely												
175	panas_10_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>PCS+last item from IPQ</b> (pcslast_item_from_ipq)													
176	pcs1	Section Header: <i>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>  I worry all the time about whether the pain will end	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
177	pcs2	I feel I can't go on	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
178	pcs3	It's terrible and I think it's never going to get any better	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												

179	pcs4	It's awful and I feel that it overwhelms me	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
180	pcs5	I feel I can't stand it anymore	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
181	pcs6	I become afraid that the pain will get worse	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
182	pcs7	I keep thinking of other painful events	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
183	pcs9	I anxiously want the pain to go away	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
184	pcs10	I can't seem to keep it out of my mind	radio (Matrix), Required <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>To a slight degree</td></tr><tr><td>2</td><td>To a moderate degree</td></tr><tr><td>3</td><td>To a great degree</td></tr><tr><td>4</td><td>All the time</td></tr></table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												

185	pcs11	I keep thinking about how much it hurts	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>To a slight degree</td></tr> <tr><td>2</td><td>To a moderate degree</td></tr> <tr><td>3</td><td>To a great degree</td></tr> <tr><td>4</td><td>All the time</td></tr> </table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
186	pcs12	I keep thinking about how badly I want the pain to stop	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>To a slight degree</td></tr> <tr><td>2</td><td>To a moderate degree</td></tr> <tr><td>3</td><td>To a great degree</td></tr> <tr><td>4</td><td>All the time</td></tr> </table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
187	pcs13	There's nothing I can do to reduce the intensity of the pain	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>To a slight degree</td></tr> <tr><td>2</td><td>To a moderate degree</td></tr> <tr><td>3</td><td>To a great degree</td></tr> <tr><td>4</td><td>All the time</td></tr> </table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
188	pcs14	I wonder whether something serious may happen	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>To a slight degree</td></tr> <tr><td>2</td><td>To a moderate degree</td></tr> <tr><td>3</td><td>To a great degree</td></tr> <tr><td>4</td><td>All the time</td></tr> </table>	0	Not at all	1	To a slight degree	2	To a moderate degree	3	To a great degree	4	All the time
0	Not at all												
1	To a slight degree												
2	To a moderate degree												
3	To a great degree												
4	All the time												
189	st_most_important	Section Header: <i>Please list in rank-order the three most important factors that you believe caused your illness. The most important causes for me:</i> 1st Most Important:	text, Required										
190	nd_most_important	2nd Most Important:	text, Required										
191	rd_most_important	3rd Most Important:	text, Required										
192	pcslast_item_from_ipq_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>TSK-11 + SOPA emo 2 items</b> (tsk11_sopa_emo_2_items)													

193	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
194	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
195	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
196	tsk11_4	People aren't taking my medical condition seriously enough	radio (Matrix), Required	
			1	strongly disagree
			2	disagree
			3	agree
			4	strongly agree
197	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
198	tsk11_6	Pain always means I have injured my body	radio (Matrix), Required	
			1	strongly disagree
			2	disagree
			3	agree
			4	strongly agree
199	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

200	tsk11_8	I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	radio (Matrix), Required <table><tr><td>1</td><td>strongly disagree</td></tr><tr><td>2</td><td>disagree</td></tr><tr><td>3</td><td>agree</td></tr><tr><td>4</td><td>strongly agree</td></tr></table>	1	strongly disagree	2	disagree	3	agree	4	strongly agree		
1	strongly disagree												
2	disagree												
3	agree												
4	strongly agree												
201	tsk11_9	Pain lets me know when to stop exercising so that I don't injure myself	radio (Matrix), Required <table><tr><td>1</td><td>strongly disagree</td></tr><tr><td>2</td><td>disagree</td></tr><tr><td>3</td><td>agree</td></tr><tr><td>4</td><td>strongly agree</td></tr></table>	1	strongly disagree	2	disagree	3	agree	4	strongly agree		
1	strongly disagree												
2	disagree												
3	agree												
4	strongly agree												
202	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 <table><tr><td>1</td><td>strongly disagree</td></tr><tr><td>2</td><td>disagree</td></tr><tr><td>3</td><td>agree</td></tr><tr><td>4</td><td>strongly agree</td></tr></table>	1	strongly disagree	2	disagree	3	agree	4	strongly agree		
1	strongly disagree												
2	disagree												
3	agree												
4	strongly agree												
203	tsk11_11	No one should have to exercise when he/she is in pain	radio (Matrix), Required <table><tr><td>1</td><td>strongly disagree</td></tr><tr><td>2</td><td>disagree</td></tr><tr><td>3</td><td>agree</td></tr><tr><td>4</td><td>strongly agree</td></tr></table>	1	strongly disagree	2	disagree	3	agree	4	strongly agree		
1	strongly disagree												
2	disagree												
3	agree												
4	strongly agree												
204	sopa_emo1	There is a connection between my emotions and my pain level	radio (Matrix), Required <table><tr><td>1</td><td>Very untrue for me</td></tr><tr><td>2</td><td>Somewhat untrue for me</td></tr><tr><td>3</td><td>Neither true nor untrue for me</td></tr><tr><td>4</td><td>Somewhat true for me</td></tr><tr><td>5</td><td>Very true for me</td></tr></table>	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
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												
205	sopa_emo2	Stress in my life increases the pain I feel	radio (Matrix), Required <table><tr><td>1</td><td>Very untrue for me</td></tr><tr><td>2</td><td>Somewhat untrue for me</td></tr><tr><td>3</td><td>Neither true nor untrue for me</td></tr><tr><td>4</td><td>Somewhat true for me</td></tr><tr><td>5</td><td>Very true for me</td></tr></table>	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
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												
206	tsk11_sopa_emo_2_items_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												



Instrument: <b>Patient Global Impression of Change Scale</b> (patient_global_impression_of_change_scale)																	
207	pgics	Since beginning this treatment, how would you describe the change (if any) in ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS, and OVERALL QUALITY OF LIFE, related to your back pain?	<div>dropdown, Required</div> <table><tr><td>1</td><td>No change (or condition has gotten worse)</td></tr><tr><td>2</td><td>Almost the same, or hardly no change at all</td></tr><tr><td>3</td><td>A little better, but no noticeable change</td></tr><tr><td>4</td><td>Somewhat better, but the change has not made any real difference</td></tr><tr><td>5</td><td>Moderately better, and a slight but noticeable change</td></tr><tr><td>6</td><td>Better and a definite improvement that has made a real and worthwhile difference</td></tr><tr><td>7</td><td>A great deal better and considerable improvement that has made all the difference</td></tr></table>	1	No change (or condition has gotten worse)	2	Almost the same, or hardly no change at all	3	A little better, but no noticeable change	4	Somewhat better, but the change has not made any real difference	5	Moderately better, and a slight but noticeable change	6	Better and a definite improvement that has made a real and worthwhile difference	7	A great deal better and considerable improvement that has made all the difference
1	No change (or condition has gotten worse)																
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6	Better and a definite improvement that has made a real and worthwhile difference																
7	A great deal better and considerable improvement that has made all the difference																
208	patient_global_impression_of_change_scale_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Treatment Satisfaction Survey</b> (treatment_satisfaction_survey)																	
209	treatmentsatisfaction1	Section Header: <i>Please answer the below questions about your satisfaction with the treatment.</i>  How satisfied are you with the treatment you received?	<div>slider, Required</div> <div>Slider labels: not satisfied, somewhat satisfied, very satisfied</div> <div>Custom alignment: RH</div>														
210	treatmentsatisfaction2	How confident would you be in recommending this treatment to a friend?	<div>slider, Required</div> <div>Slider labels: not at all, somewhat, very</div> <div>Custom alignment: RH</div>														
211	treatment_satisfaction_survey_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Demographics</b> (demographics)																	

212	ethnicity	Race	radio, Required <table border="1"> <tr> <td>1</td> <td>American Indian or Alaskan Native</td> </tr> <tr> <td>2</td> <td>Asian or Pacific Islander</td> </tr> <tr> <td>3</td> <td>Black (not of Hispanic Origin)</td> </tr> <tr> <td>4</td> <td>White (not of Hispanic Origin)</td> </tr> <tr> <td>5</td> <td>Other or Unknown</td> </tr> </table>	1	American Indian or Alaskan Native	2	Asian or Pacific Islander	3	Black (not of Hispanic Origin)	4	White (not of Hispanic Origin)	5	Other or Unknown
1	American Indian or Alaskan Native												
2	Asian or Pacific Islander												
3	Black (not of Hispanic Origin)												
4	White (not of Hispanic Origin)												
5	Other or Unknown												
213	hispanic	Hispanic?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
214	employment_status	Current employment status	radio, Required <table border="1"> <tr> <td>1</td> <td>employed full time (30+ hrs/wk)</td> </tr> <tr> <td>2</td> <td>employed part time (5 - 30 hrs/wk)</td> </tr> <tr> <td>3</td> <td>unemployed or lightly employed (&lt; 5 hrs/wk)</td> </tr> </table>	1	employed full time (30+ hrs/wk)	2	employed part time (5 - 30 hrs/wk)	3	unemployed or lightly employed (< 5 hrs/wk)				
1	employed full time (30+ hrs/wk)												
2	employed part time (5 - 30 hrs/wk)												
3	unemployed or lightly employed (< 5 hrs/wk)												
215	education	Education	radio, Required <table border="1"> <tr> <td>1</td> <td>High school or less</td> </tr> <tr> <td>2</td> <td>Some college or vocational school</td> </tr> <tr> <td>3</td> <td>College graduate</td> </tr> </table>	1	High school or less	2	Some college or vocational school	3	College graduate				
1	High school or less												
2	Some college or vocational school												
3	College graduate												
216	married_or_living_as_marri	Married or living as married?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
217	sses_ladder	<p>Think of this ladder as representing where people stand in the United States.</p> <p>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.</p> <p>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.</p> <p>Where would you place yourself on this ladder?</p>	descriptive										

218	sses		radio, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table> Custom alignment: LH	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
1	1																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						
10	10																						
219	zipcode1	Zip code	text (number, Min: 0, Max: 99999), Identifier																				
220	handedness	Which is your dominant hand?	radio, Required <table border="1"> <tr><td>1</td><td>right</td></tr> <tr><td>2</td><td>left</td></tr> <tr><td>3</td><td>both</td></tr> </table>	1	right	2	left	3	both														
1	right																						
2	left																						
3	both																						
221	exercise	How much exercise do you usually get?	radio <table border="1"> <tr><td>1</td><td>Almost none</td></tr> <tr><td>2</td><td>1 hour/week</td></tr> <tr><td>3</td><td>3 hours/week</td></tr> <tr><td>4</td><td>7 hours/week</td></tr> <tr><td>5</td><td>14+ hours/week</td></tr> </table>	1	Almost none	2	1 hour/week	3	3 hours/week	4	7 hours/week	5	14+ hours/week										
1	Almost none																						
2	1 hour/week																						
3	3 hours/week																						
4	7 hours/week																						
5	14+ hours/week																						
222	how_much_pain_do_you_have	How much pain do you have in body parts other than the back?	radio <table border="1"> <tr><td>1</td><td>none</td></tr> <tr><td>2</td><td>a little</td></tr> <tr><td>3</td><td>a moderate amount</td></tr> <tr><td>4</td><td>a lot</td></tr> </table>	1	none	2	a little	3	a moderate amount	4	a lot												
1	none																						
2	a little																						
3	a moderate amount																						
4	a lot																						
223	demographics_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
0	Incomplete																						
1	Unverified																						
2	Complete																						
Instrument: <b>BMQ-Specific modified</b> (bmqspecific_modified)																							

224	this_treatment_is_necessary	<p>Section Header: <i>Please indicate the extent to which you agree or disagree with each statement by ticking the appropriate box. There are no right or wrong answers. We are interested in your personal views.</i></p> <p>This treatment is necessary to reduce my pain</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>strongly agree</td></tr> <tr><td>2</td><td>agree</td></tr> <tr><td>3</td><td>uncertain</td></tr> <tr><td>4</td><td>disagree</td></tr> <tr><td>5</td><td>strongly disagree</td></tr> </table>	1	strongly agree	2	agree	3	uncertain	4	disagree	5	strongly disagree
1	strongly agree												
2	agree												
3	uncertain												
4	disagree												
5	strongly disagree												
225	i_would_experience_more_severe_pain_without_this_treatment	I would experience more severe pain without this treatment	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>strongly agree</td></tr> <tr><td>2</td><td>agree</td></tr> <tr><td>3</td><td>uncertain</td></tr> <tr><td>4</td><td>disagree</td></tr> <tr><td>5</td><td>strongly disagree</td></tr> </table>	1	strongly agree	2	agree	3	uncertain	4	disagree	5	strongly disagree
1	strongly agree												
2	agree												
3	uncertain												
4	disagree												
5	strongly disagree												
226	receiving_this_treatment_makes_me_less_anxious_about_my_pain	Receiving this treatment makes me less anxious about my pain	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>strongly agree</td></tr> <tr><td>2</td><td>agree</td></tr> <tr><td>3</td><td>uncertain</td></tr> <tr><td>4</td><td>disagree</td></tr> <tr><td>5</td><td>strongly disagree</td></tr> </table>	1	strongly agree	2	agree	3	uncertain	4	disagree	5	strongly disagree
1	strongly agree												
2	agree												
3	uncertain												
4	disagree												
5	strongly disagree												
227	this_treatment_will_protect_me_from_feeling_pain	This treatment will protect me from feeling pain	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>strongly agree</td></tr> <tr><td>2</td><td>agree</td></tr> <tr><td>3</td><td>uncertain</td></tr> <tr><td>4</td><td>disagree</td></tr> <tr><td>5</td><td>strongly disagree</td></tr> </table>	1	strongly agree	2	agree	3	uncertain	4	disagree	5	strongly disagree
1	strongly agree												
2	agree												
3	uncertain												
4	disagree												
5	strongly disagree												
228	bmqspecific_modified_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
<p>Instrument: <b>Back Pain Injection Treatment History</b> (back_pain_injection_treatment_history)</p>													

229	injectionnumber	How many previous injection-based treatments have you received for your back pain?	dropdown (autocomplete), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
0	0																								
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8	8																								
9	9																								
10	10																								
230	injectionhistory1  Show the field ONLY if: [injectionnumber] = '1' or [injectionnumber] = '2' or [injectionnumber] = '3' or [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'	Section Header: <i>For each injection-based treatment, please write the approximate date and how successful you think the treatment was on a 1-10 scale, where 1 = not successful at all, and 10 = very successful.</i>  Date of first <i>Please enter as month/year</i>	text																						
231	treatmentsuccess1  Show the field ONLY if: [injectionnumber] = '1' or [injectionnumber] = '2' or [injectionnumber] = '3' or [injectionnumber] = '5' or [injectionnumber] = '4' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory1] <> "	Please rate the treatment success	slider Slider labels: not at all, somewhat successful, very successful Custom alignment: RH																						

232	<p>injectionhistory2</p> <p>Show the field ONLY if:  [injectionnumber] = '2' or [injectionnumber] = '3' or [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'</p>	<p>Date of second</p> <p><i>Please enter as month/year</i></p>	text
233	<p>treatmentsuccess2</p> <p>Show the field ONLY if:  [injectionnumber] = '2' or [injectionnumber] = '3' or [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory2] &lt;&gt; "</p>	<p>Please rate the treatment success</p>	<p>slider</p> <p>Slider labels: not at all, somewhat successful, very successful</p> <p>Custom alignment: RH</p>
234	<p>injectionhistory3</p> <p>Show the field ONLY if:  [injectionnumber] = '3' or [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'</p>	<p>Date of third</p> <p><i>Please enter as month/year</i></p>	text

235	<p>treatmentsuccess3</p> <p>Show the field ONLY if: [injectionnumber] = '3' or [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory3] &lt;&gt; "</p>	<p>Please rate the treatment success</p>	<p>slider</p> <p>Slider labels: not at all, somewhat successful, very successful</p> <p>Custom alignment: RH</p>
236	<p>injectionhistory4</p> <p>Show the field ONLY if: [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'</p>	<p>Date of fourth</p> <p><i>Please enter as month/year</i></p>	<p>text</p>
237	<p>treatmentsuccess4</p> <p>Show the field ONLY if: [injectionnumber] = '4' or [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory4] &lt;&gt; "</p>	<p>Please rate the treatment success</p>	<p>slider</p> <p>Slider labels: not at all, somewhat successful, very successful</p> <p>Custom alignment: RH</p>
238	<p>injectionhistory5</p> <p>Show the field ONLY if: [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'</p>	<p>Date of fifth</p> <p><i>Please enter as month/year</i></p>	<p>text</p>

239	<p>treatmentsuccess5</p> <p>Show the field ONLY if: [injectionnumber] = '5' or [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory5] &lt;&gt; "</p>	<p>Please rate the treatment success</p>	<p>slider</p> <p>Slider labels: not at all, somewhat successful, very successful</p> <p>Custom alignment: RH</p>
240	<p>injectionhistory6</p> <p>Show the field ONLY if: [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'</p>	<p>Date of sixth <i>Please enter as month/year</i></p>	<p>text</p>
241	<p>treatmentsuccess6</p> <p>Show the field ONLY if: [injectionnumber] = '6' or [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory6] &lt;&gt; "</p>	<p>Please rate the treatment success</p>	<p>slider</p> <p>Slider labels: not at all, somewhat successful, very successful</p> <p>Custom alignment: RH</p>
242	<p>injectionhistory7</p> <p>Show the field ONLY if: [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'</p>	<p>Date of seventh <i>Please enter as month/year</i></p>	<p>text</p>
243	<p>treatmentsuccess7</p> <p>Show the field ONLY if: [injectionnumber] = '7' or [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory7] &lt;&gt; "</p>	<p>Please rate the treatment success</p>	<p>slider</p> <p>Slider labels: not at all, somewhat successful, very successful</p> <p>Custom alignment: RH</p>



244	injectionhistory8  Show the field ONLY if: [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10'	Date of eighth <i>Please enter as month/year</i>	text						
245	treatmentsuccess8  Show the field ONLY if: [injectionnumber] = '8' or [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory8] <> "	Please rate the treatment success	slider Slider labels: not at all, somewhat successful, very successful Custom alignment: RH						
246	injectionhistory9  Show the field ONLY if: [injectionnumber] = '9' or [injectionnumber] = '10'	Date of ninth <i>Please enter as month/year</i>	text						
247	treatmentsuccess9  Show the field ONLY if: [injectionnumber] = '9' or [injectionnumber] = '10' and [injectionhistory9] <> "	Please rate the treatment success	slider Slider labels: not at all, somewhat successful, very successful Custom alignment: RH						
248	injectionhistory10  Show the field ONLY if: [injectionnumber] = '10'	Date of tenth <i>Please enter as month/year</i>	text						
249	treatmentsuccess10  Show the field ONLY if: [injectionnumber] = '10' and [injectionhistory10] <> "	Please rate the treatment success	slider Slider labels: not at all, somewhat successful, very successful Custom alignment: RH						
250	back_pain_injection_treatment_history_complete	Section Header: <i>Form Status</i>  Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Lotr** (lotr)

251	lotr1	<p>Section Header: <i>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.</i></p> <p>In uncertain times, I usually expect the best.</p>	radio (Matrix), Required <table><tr><td>1</td><td>I agree a lot</td></tr><tr><td>2</td><td>I agree a little</td></tr><tr><td>3</td><td>I neither agree or disagree</td></tr><tr><td>4</td><td>I DISagree a little</td></tr><tr><td>5</td><td>I DISagree a lot</td></tr></table>	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
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												
252	lotr2	It's easy for me to relax.	radio (Matrix), Required <table><tr><td>1</td><td>I agree a lot</td></tr><tr><td>2</td><td>I agree a little</td></tr><tr><td>3</td><td>I neither agree or disagree</td></tr><tr><td>4</td><td>I DISagree a little</td></tr><tr><td>5</td><td>I DISagree a lot</td></tr></table>	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
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3	I neither agree or disagree												
4	I DISagree a little												
5	I DISagree a lot												
253	lotr3	If something can go wrong for me, it will.	radio (Matrix), Required <table><tr><td>1</td><td>I agree a lot</td></tr><tr><td>2</td><td>I agree a little</td></tr><tr><td>3</td><td>I neither agree or disagree</td></tr><tr><td>4</td><td>I DISagree a little</td></tr><tr><td>5</td><td>I DISagree a lot</td></tr></table>	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
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3	I neither agree or disagree												
4	I DISagree a little												
5	I DISagree a lot												
254	lotr4	I'm always optimistic about my future.	radio (Matrix), Required <table><tr><td>1</td><td>I agree a lot</td></tr><tr><td>2</td><td>I agree a little</td></tr><tr><td>3</td><td>I neither agree or disagree</td></tr><tr><td>4</td><td>I DISagree a little</td></tr><tr><td>5</td><td>I DISagree a lot</td></tr></table>	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
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4	I DISagree a little												
5	I DISagree a lot												
255	lotr5	I enjoy my friends a lot.	radio (Matrix), Required <table><tr><td>1</td><td>I agree a lot</td></tr><tr><td>2</td><td>I agree a little</td></tr><tr><td>3</td><td>I neither agree or disagree</td></tr><tr><td>4</td><td>I DISagree a little</td></tr><tr><td>5</td><td>I DISagree a lot</td></tr></table>	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
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4	I DISagree a little												
5	I DISagree a lot												
256	lotr6	It's important for me to keep busy.	radio (Matrix), Required <table><tr><td>1</td><td>I agree a lot</td></tr><tr><td>2</td><td>I agree a little</td></tr><tr><td>3</td><td>I neither agree or disagree</td></tr><tr><td>4</td><td>I DISagree a little</td></tr><tr><td>5</td><td>I DISagree a lot</td></tr></table>	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
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5	I DISagree a lot												

257	lotr7	I hardly ever expect things to go my way.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>I agree a lot</td></tr> <tr><td>2</td><td>I agree a little</td></tr> <tr><td>3</td><td>I neither agree or disagree</td></tr> <tr><td>4</td><td>I DISagree a little</td></tr> <tr><td>5</td><td>I DISagree a lot</td></tr> </table>	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
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5	I DISagree a lot												
258	lotr8	I don't get upset too easily.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>I agree a lot</td></tr> <tr><td>2</td><td>I agree a little</td></tr> <tr><td>3</td><td>I neither agree or disagree</td></tr> <tr><td>4</td><td>I DISagree a little</td></tr> <tr><td>5</td><td>I DISagree a lot</td></tr> </table>	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
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259	lotr9	I rarely count on good things happening to me.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>I agree a lot</td></tr> <tr><td>2</td><td>I agree a little</td></tr> <tr><td>3</td><td>I neither agree or disagree</td></tr> <tr><td>4</td><td>I DISagree a little</td></tr> <tr><td>5</td><td>I DISagree a lot</td></tr> </table>	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
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260	lotr10	Overall, I expect more good things to happen to me than bad.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>I agree a lot</td></tr> <tr><td>2</td><td>I agree a little</td></tr> <tr><td>3</td><td>I neither agree or disagree</td></tr> <tr><td>4</td><td>I DISagree a little</td></tr> <tr><td>5</td><td>I DISagree a lot</td></tr> </table>	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
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261	lotr_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Fear of Pain Questionnaire</b> (fear_of_pain_questionnaire)													
262	being_in_an_automobile_acc	Section Header: <i>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. Choose one rating per item to rate your FEAR OF PAIN in relation to each event.</i>  Being in an automobile accident	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at All</td></tr> <tr><td>2</td><td>A Little</td></tr> <tr><td>3</td><td>A Fair Amount</td></tr> <tr><td>4</td><td>Very Much</td></tr> <tr><td>5</td><td>Extreme</td></tr> </table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
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5	Extreme												

263	biting_your_tongue_while_eating	Biting your tongue while eating	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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264	breaking_your_arm	Breaking your arm	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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265	cutting_your_tongue_licking	Cutting your tongue licking an envelope	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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5	Extreme												
266	having_a_heavy_object_hit	Having a heavy object hit you in the head	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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267	breaking_your_leg	Breaking your leg	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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4	Very Much												
5	Extreme												
268	hitting_a_sensitive_bone_in_your_elbow-your_funny_bone	Hitting a sensitive bone in your elbow-your "funny bone"	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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269	having_a_blood_sample_draw	Having a blood sample drawn with a hypodermic needle	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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270	having_someone_slam_a_heavy_car_door_on_your_hand	Having someone slam a heavy car door on your hand	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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271	falling_down_a_flight_of_concrete_stairs	Falling down a flight of concrete stairs	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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272	receiving_an_injection_in_arm	Receiving an injection in your arm	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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273	burning_your_fingers_with_a_match	Burning your fingers with a match	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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274	breaking_your_neck	Breaking your neck	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
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275	receiving_an_injection_in2	Receiving an injection in your hip/buttocks	radio (Matrix), Required	
			1	Not at All
			2	A Little
			3	A Fair Amount
			4	Very Much
			5	Extreme
276	having_a_deep_splinter_in	Having a deep splinter in the sole of your foot probed and removed with tweezers	radio (Matrix), Required	
			1	Not at All
			2	A Little
			3	A Fair Amount
			4	Very Much
			5	Extreme
277	having_an_eye_doctor_remov	Having an eye doctor remove a foreign particle stuck in your eye	radio (Matrix), Required	
			1	Not at All
			2	A Little
			3	A Fair Amount
			4	Very Much
			5	Extreme
278	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
279	being_burned_on_your_face	Being burned on your face by a lit cigarette	radio (Matrix), Required	
			1	Not at All
			2	A Little
			3	A Fair Amount
			4	Very Much
			5	Extreme
280	getting_a_paper_cut_on_you	Getting a paper-cut on your finger	radio (Matrix), Required	
			1	Not at All
			2	A Little
			3	A Fair Amount
			4	Very Much
			5	Extreme

281	receiving_stitches_in_your	Receiving stitches in your lip	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
282	having_a_foot_doctor_remov	Having a foot doctor remove a wart from your foot with a sharp instrument	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
283	cutting_yourself_while_sha	Cutting yourself while shaving with a sharp razor	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
284	gulping_a_hot_drink_before	Gulping a hot drink before it has cooled	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
285	getting_strong_soap_in_bot	Getting strong soap in both your eyes while bathing or showering	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
286	having_a_terminal_illness	Having a terminal illness that causes you daily pain	radio (Matrix), Required <table><tr><td>1</td><td>Not at All</td></tr><tr><td>2</td><td>A Little</td></tr><tr><td>3</td><td>A Fair Amount</td></tr><tr><td>4</td><td>Very Much</td></tr><tr><td>5</td><td>Extreme</td></tr></table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												

287	having_a_tooth_pulled	Having a tooth pulled	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at All</td></tr> <tr><td>2</td><td>A Little</td></tr> <tr><td>3</td><td>A Fair Amount</td></tr> <tr><td>4</td><td>Very Much</td></tr> <tr><td>5</td><td>Extreme</td></tr> </table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
288	vomiting_repeatedly_because	Vomiting repeatedly because of food poisoning	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at All</td></tr> <tr><td>2</td><td>A Little</td></tr> <tr><td>3</td><td>A Fair Amount</td></tr> <tr><td>4</td><td>Very Much</td></tr> <tr><td>5</td><td>Extreme</td></tr> </table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
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4	Very Much												
5	Extreme												
289	having_sand_or_dust_blow_into_your_eyes	Having sand or dust blow into your eyes	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at All</td></tr> <tr><td>2</td><td>A Little</td></tr> <tr><td>3</td><td>A Fair Amount</td></tr> <tr><td>4</td><td>Very Much</td></tr> <tr><td>5</td><td>Extreme</td></tr> </table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
290	having_one_of_your_teeth_drilled	Having one of your teeth drilled	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at All</td></tr> <tr><td>2</td><td>A Little</td></tr> <tr><td>3</td><td>A Fair Amount</td></tr> <tr><td>4</td><td>Very Much</td></tr> <tr><td>5</td><td>Extreme</td></tr> </table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
291	having_a_muscle_cramp	Having a muscle cramp	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at All</td></tr> <tr><td>2</td><td>A Little</td></tr> <tr><td>3</td><td>A Fair Amount</td></tr> <tr><td>4</td><td>Very Much</td></tr> <tr><td>5</td><td>Extreme</td></tr> </table>	1	Not at All	2	A Little	3	A Fair Amount	4	Very Much	5	Extreme
1	Not at All												
2	A Little												
3	A Fair Amount												
4	Very Much												
5	Extreme												
292	fear_of_pain_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Generalized Self-Efficacy Scale</b> (generalized_selfefficacy_scale)													



293	i_can_always_manage_to_sol	<p>Section Header: <i>Read each sentence carefully and choose the answer that best describes you.</i></p> <p>I can always manage to solve difficult problems if I try hard enough.</p>	radio (Matrix), Required <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										
294	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 <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										
295	it_is_easy_for_me_to_stick	It is easy for me to stick to my aims and accomplish my goals.	radio (Matrix), Required <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										
296	i_am_confident_that_i_coul	I am confident that I could deal efficiently with unexpected events.	radio (Matrix), Required <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										
297	thanks_to_my_resourc efulne	Thanks to my resourcefulness, I know how to handle unforeseen situations.	radio (Matrix), Required <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										
298	i_can_solve_most_pro blems	I can solve most problems if I invest the necessary effort.	radio (Matrix), Required <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										
299	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 <table><tr><td>1</td><td>Not at all true</td></tr><tr><td>2</td><td>Hardly true</td></tr><tr><td>3</td><td>Moderately true</td></tr><tr><td>4</td><td>Exactly true</td></tr></table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true
1	Not at all true										
2	Hardly true										
3	Moderately true										
4	Exactly true										

300	when_i_am_confronted_with	When I am confronted with a problem, I can usually find several solutions.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all true</td></tr> <tr><td>2</td><td>Hardly true</td></tr> <tr><td>3</td><td>Moderately true</td></tr> <tr><td>4</td><td>Exactly true</td></tr> </table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true				
1	Not at all true														
2	Hardly true														
3	Moderately true														
4	Exactly true														
301	if_i_am_in_trouble_i_can	If I am in trouble, I can usually think of a solution.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all true</td></tr> <tr><td>2</td><td>Hardly true</td></tr> <tr><td>3</td><td>Moderately true</td></tr> <tr><td>4</td><td>Exactly true</td></tr> </table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true				
1	Not at all true														
2	Hardly true														
3	Moderately true														
4	Exactly true														
302	i_can_usually_handle_what	I can usually handle whatever comes my way.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all true</td></tr> <tr><td>2</td><td>Hardly true</td></tr> <tr><td>3</td><td>Moderately true</td></tr> <tr><td>4</td><td>Exactly true</td></tr> </table>	1	Not at all true	2	Hardly true	3	Moderately true	4	Exactly true				
1	Not at all true														
2	Hardly true														
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303	generalized_self_efficacy_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: <b>Mindful Attention Awareness Scale</b> (mindful_attention_awareness_scale)															
304	i_could_be_experiencing_so	Section Header: <i>Below is a collection of statements about your everyday experience. Using the 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. Please treat each item separately from every other item.</i>  I could be experiencing some emotion and not be conscious of it until some time later.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Almost Always</td></tr> <tr><td>2</td><td>Very Frequently</td></tr> <tr><td>3</td><td>Somewhat Frequently</td></tr> <tr><td>4</td><td>Somewhat Infrequently</td></tr> <tr><td>5</td><td>Very Infrequently</td></tr> <tr><td>6</td><td>Almost Never</td></tr> </table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
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2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
305	i_break_or_spill_things	I break or spill things because of carelessness, not paying attention, or thinking of something else.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Almost Always</td></tr> <tr><td>2</td><td>Very Frequently</td></tr> <tr><td>3</td><td>Somewhat Frequently</td></tr> <tr><td>4</td><td>Somewhat Infrequently</td></tr> <tr><td>5</td><td>Very Infrequently</td></tr> <tr><td>6</td><td>Almost Never</td></tr> </table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
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4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														

306	i_find_it_difficult_to_stay_focused	I find it difficult to stay focused on what's happening in the present.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
307	i_tend_to_walk_quickly_to_get_where_i_m_going	I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
308	i_tend_not_to_notice_feelings_of_physical_tension_or_discomfort_until_they_really_grab_my_attention	I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
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2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
309	i_forget_a_person_s_name_almost_as_soon_as_i_ve_been_told_it_for_the_first_time	I forget a person's name almost as soon as I've been told it for the first time.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
310	it_seems_i_am_running_on_automatic_without_much_awareness_of_what_i_m_doing	It seems I am "running on automatic," without much awareness of what I'm doing.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														

311	i_rush_through_activities	I rush through activities without being really attentive to them.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
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3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
312	i_get_so_focused_on_the_goal	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 <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
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3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
313	i_do_jobs_or_tasks_automatically	I do jobs or tasks automatically, without being aware of what I'm doing.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
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4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
314	i_find_myself_listening_to_one_ear	I find myself listening to someone with one ear, doing something else at the same time.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
315	i_drive_places_on_automatic_pilot	I drive places on "automatic pilot" and then wonder why I went there.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														

316	i_find_myself_preoccupied	I find myself preoccupied with the future or the past.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
317	i_find_myself_doing_things	I find myself doing things without paying attention.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
318	i_snack_without_being_aware	I snack without being aware that I'm eating.	radio (Matrix), Required <table><tr><td>1</td><td>Almost Always</td></tr><tr><td>2</td><td>Very Frequently</td></tr><tr><td>3</td><td>Somewhat Frequently</td></tr><tr><td>4</td><td>Somewhat Infrequently</td></tr><tr><td>5</td><td>Very Infrequently</td></tr><tr><td>6</td><td>Almost Never</td></tr></table>	1	Almost Always	2	Very Frequently	3	Somewhat Frequently	4	Somewhat Infrequently	5	Very Infrequently	6	Almost Never
1	Almost Always														
2	Very Frequently														
3	Somewhat Frequently														
4	Somewhat Infrequently														
5	Very Infrequently														
6	Almost Never														
319	mindful_attention_awareness_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
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2	Complete														
Instrument: <b>Emotional Regulations Questionnaire</b> (emotional_regulations_questionnaire)															
320	erq1	Section Header: <i>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.</i>  When I want 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												
321	erq2	I keep my emotions to myself.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH												

322	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						
323	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						
324	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						
325	erq6	I control my emotions by not expressing them.	slider, Required Slider labels: strongly disagree, neutral, strongly agree Custom alignment: RH						
326	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						
327	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						
328	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						
329	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						
330	emotional_regulation_s_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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Instrument: <b>ACE+Clarke</b> (aceclarke)									
331	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
332	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								

333	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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334	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
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335	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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336	ace6	Were your parents EVER separated or divorced?	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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337	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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338	ace8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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339	ace9	Was a household member depressed or mentally ill or did a household member attempt suicide?	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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1	Yes										
340	ace10	Did a household member go to prison?	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
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1	Yes										
341	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 <table><tr><td>0</td><td>Happy</td></tr><tr><td>1</td><td>Neutral</td></tr><tr><td>2</td><td>Sad or angry</td></tr><tr><td>3</td><td>Very sad or very angry</td></tr></table>	0	Happy	1	Neutral	2	Sad or angry	3	Very sad or very angry
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3	Very sad or very angry										
342	aceclarke_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
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2	Complete										

Instrument: **BPI-SF daily** (bpisf\_daily)

343	pain_worst_daily	<p>Section Header: <i>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</i></p> <p>at its WORST in the last 24 HOURS:</p>	<p>radio (Matrix), Required</p> <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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344	pain_least_daily	<p>at its LEAST in the last 24 HOURS:</p>	<p>radio (Matrix), Required</p> <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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345	pain_avg_daily	on average:	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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346	pain_now_daily	right now:	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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347	general_activity_daily	Section Header: <i>Choose the one number that describes how, DURING THE PAST 24 HOURS, pain has interfered with each of the below. 0 = DOES NOT INTERFERE 10 = COMPLETELY INTERFERES</i> General activity	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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348	mood_daily	Mood	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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349	walking_ability_daily	Walking ability	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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350	normal_work_includes_both_daily	Normal work (includes both work outside the home and housework)	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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351	relations_with_other_peopl_daily	Relations with other people	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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352	sleep_interference_daily	Sleep	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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353	enjoyment_of_life_daily	Enjoyment of life	radio (Matrix), Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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354	bpsf_daily_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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Instrument: <b>Cliexa</b> (cliexa)									
355	please_take_out_your_phone	<p>Please take out your phone and complete the Cliexa-EASE app. If this is your first time doing this, a member of the research team will walk you through the installation and set up. If you have already had your brain scans but never used this app before, please simply disregard this message and hit Continue below.</p> <p>Once the app is open, please complete the "I Feel..." task, and please also record your current medications.</p> <p>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".</p> <p>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.</p>	descriptive						
356	were_you_able_to_complete	Were you able to complete the Cliexa-EASE app?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
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357	cliexa_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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