

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Jennifer _____

2. Surname (Last Name) _____ Cheavens _____

3. Date _____ 03-October-2017 _____

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ Beverly Thorn _____

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
University of Alabama	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Safety Monitoring Board Compensation for Time Spent

Section 3. Relevant financial activities outside the submitted work.

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Dr. Cheavens reports personal fees from University of Alabama, during the conduct of the study.

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1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Van Dyke

3. Date
03-October-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Beverly Thorn, PhD, ABPP

5. Manuscript Title
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Patient-Centered Outcomes Research Institute (PCORI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI: Thorn; PCORI Contract No. 941; clinicaltrials.gov identifier NCT01967342

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Mr. Van Dyke reports other from Patient-Centered Outcomes Research Institute (PCORI), during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Colette	2. Surname (Last Name) DeMonte	3. Date 04-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly Thorn
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
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Dr. DeMonte has nothing to disclose.

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1. Given Name (First Name) Toya	2. Surname (Last Name) Thompson	3. Date 03-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly Thorn, PhD
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joshua

2. Surname (Last Name)
Eyer

3. Date
03-October-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Beverlyl Thorn

5. Manuscript Title
"Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial"

6. Manuscript Identifying Number (if you know it)
M17-0972

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient Centered Outcomes Research Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCORI Grant #941

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Eyer reports grants from Patient Centered Outcomes Research Institute, during the conduct of the study; .

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Phoebe

2. Surname (Last Name)
Block

3. Date
09-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Beverly Thorn, PhD

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Block has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Burns

3. Date
17-October-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PCORI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Minjung	2. Surname (Last Name) Kim	3. Date 17-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly Thorn
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-0972		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Kim has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lisa

2. Surname (Last Name)
Campbell

3. Date
17-October-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Beverly Thorn

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
University of Alabama-Tuscaloosa/PCORI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Campbell reports grants from University of Alabama-Tuscaloosa/PCORI, during the conduct of the study; .

Evaluation and Feedback

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None
Betty J. Bohow, MD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name) BENTLEY
2. Surname (Last Name) BOBROW
3. Date 11/9/17
4. Are you the corresponding author? Yes No
5. Manuscript Title Liability - Adopted Cognitive Behavioral Therapy
6. Manuscript Identifying Number (if you know it) M17-0872 for Low-income Clinics.
A RCT.

Section 2.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Terence 2. Surname (Last Name) Penn 3. Date 19-November-1991

4. Are you the corresponding author? Yes No Corresponding Author's Name
Beverly E. Thorn

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient-Centered Outcomes Research Institute (PCORI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This work was (partially) funded through a Patient-Centered Outcomes Research Institute (PCORI) Research Award (Contract #941). The statements presented in this work are solely the responsibility of the author (s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or the Methodology Committee.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Mr. Penn reports a grant from the Patient-Centered Outcomes Research Institute (PCORI) during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Deborah	2. Surname (Last Name) Tucker	3. Date 10-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly E. Thorn, Ph.D., ABPP
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-0972		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Mrs. Tucker has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Minjeong	2. Surname (Last Name) Jeon	3. Date 10-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly E. Thorn
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Jeon has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mazheruddin	2. Surname (Last Name) Mulla	3. Date 10-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly E. Thorn
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-0972		

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Mulla has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrea

2. Surname (Last Name) Newman

3. Date 17-October-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name Beverly E. Thorn

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial"

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient-Centered Outcomes Research Institute (PCORI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract #941

Section 3. Relevant financial activities outside the submitted work.

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Ms. Newman reports grants from Patient-Centered Outcomes Research Institute (PCORI), during the conduct of the study; .

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Calia	2. Surname (Last Name) Torres	3. Date 17-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-0972		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Torres has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Beverly 2. Surname (Last Name) Thorn 3. Date 23-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient Centered Outcomes Research Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research contract
The University of Alabama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indirect cost recovery for research expenses

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Guilford Publications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Book royalties

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Thorn reports grants from Patient Centered Outcomes Research Institute, other from The University of Alabama, during the conduct of the study; personal fees from Guilford Publications, outside the submitted work; .

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Anderson

3. Date
19-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
M17-0972

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Smith	3. Date 16-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beverly Thorn
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M17-0972		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Smith has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Regina

2. Surname (Last Name)
Brooks

3. Date
17-January-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Literacy-Adapted Cognitive-Behavior Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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R. Brooks has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Crystal

2. Surname (Last Name)
Edwards

3. Date
17-January-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Literacy-Adapted Cognitive - Behavior Therapy vs Education for Chronic Pain at Low - Income Clinics A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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