

Instructions

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Cheavens 1



Section 1. Identifying Inform	ation			
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 T Controlled Trial	Therapy vs Education for (Chronic Pain at Low-	Income Clinics: A Randomized	
6. Manuscript Identifying Number (if you known M17-0972	ow it)	_		
Section 2. The Work Under Co	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da st? Yes No rmation below. If you hav	ta monitoring board, s	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, ity press the "ADD" button to add a row.	
Name of Institution/Company	Grant? Personal Nor	n-Financial Other	Comments	
University of Alabama			Data Safety Monitoring Board Compensation for Time Spent	
Section 3. Relevant financial a	activities outside the s	submitted work.		
Place a check in the appropriate boxes ir of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	n the table to indicate who bed in the instructions. Us ort relationships that wer st? Yes V No	ether you have finan se one line for each e re present during th	ntity; add as many lines as you need by	
Section 4. Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	ework? ☐ Yes ✓ No	

Cheavens 2



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

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Van Dyke 1



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4. Are you the cor	responding author?	☐ Yes ✓ No	Yes ✓ No Corresponding Author's Name Beverly Thorn, PhD, ABPP			
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	ubmitted work (including				nmercial, private foundation sign, manuscript preparation	
Are there any rel	evant conflicts of intere		No			
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Patient-Centered Out PCORI)	tcomes Research Institute			✓ clinical	rn; PCORI Contract No. 941; Itrials.gov identifier 967342	
Section 3.	Relevant financial	activities outsid	e the submitted	work.		
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Are there any rel	evant conflicts of intere	est? Yes	No			
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Section 4.	Intellectual Proper	ty Patents & C	opyrights			
Do you have any	patents, whether plans	ned, pending or iss	ued, broadly relev	ant to the work?	☐ Yes 🗸 No	

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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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Dr. DeMonte has nothing to disclose.

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Thompson 2



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Eyer 1



Section 1. Identifying Inform	nation		
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 Authorn	or's Name
 Manuscript Title "Literacy-Adapted Cognitive-Behaviora Controlled Trial" 	l Therapy vs Education for	Chronic Pain at Low-	Income Clinics: A Randomized
6. Manuscript Identifying Number (if you kr M17-0972	now it)	_	
Section 2. The Work Under Co	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da	ita monitoring board, st	ent, commercial, private foundation, etc.) for sudy design, manuscript preparation, ity press the "ADD" button to add a row.
Excess rows can be removed by pressin		ve more than one ent	button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
Patient Centered Outcomes Research Institute			PCORI Grant #941
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of intere	ibed in the instructions. Usport relationships that we est? Yes ✓ No	se one line for each ei re present during th o	ntity; add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Eyer 2



Section 5. Polationships not severed above
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
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Eyer reports grants from Patient Centered Outcomes Research Institute, during the conduct of the study; .

Evaluation and Feedback

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Eyer 3



Instructions

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4. Intellectual Property.

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

Block 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fir Phoebe	st Name)	2. Surname (Last Name) Block		3. Date 09-October-2017	
4. Are you the corr	Are you the corresponding author? Yes No		Corresponding Author's Name Beverly Thorn, PhD		
5. Manuscript Title Literacy-Adapted Controlled Trial		Therapy vs Education for C	Chronic Pain at Low-Income	· Clinics: A Randomized	
6. Manuscript Ider M17-0972	ntifying Number (if you kn	ow it)	_		
Section 2.					
Did you or your ins any aspect of the si statistical analysis, Are there any rele	ititution at any time recei ubmitted work (including	but not limited to grants, da		mmercial, private foundation, etc.) for sign, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	e one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.	
Section 4.					
	Intellectual Proper	ty Patents & Copyrig	ints		
Do you have any	patents, whether planr	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No	

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Section 5. Polationships not severed above
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Dr. Block has nothing to disclose.

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Burns 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) John		2. Surname (Last Name) Burns		3. Date 17-October-2017		
4. Are you the corresponding author? Yes Von Corresponding Author's Name		thor'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 Ider M17-0972	ntifying Number (if you kr	now it)				
	ı					
Section 2.	The Work Under Co	onsideration for Pu	blication			
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	s but not limited to grants est? Yes Normation below. If you	s, data monitoring board, o	ment, commercial, private foundation, etc.) for study design, manuscript preparation, ntity press the "ADD" button to add a row.		
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Other	? Comments		
PCORI		✓				
Section 3.	Relevant financial	activities outside th	ne submitted work.			
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructions port relationships that est?	. Use one line for each were present during t o	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .		
Section 4.	Intellectual Proper	ty Patents & Copy	yrights			
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to th	ne work? Yes Vo		

Burns 2



Soction F				
Section 5.	elationships not covered above			
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?			
Yes, the followin	g relationships/conditions/circumstances are present (explain below):			
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Section 6. Di	isclosure Statement			
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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1

Kim



Section 1.	Identifying Inform	ation			
1. Given Name (Fir Minjung	rst Name)	2. Surname (Last Name) Kim		3. Date 17-October-2017	
4. Are you the corr	Are you the corresponding author? Yes Vo		Corresponding Author's Name Beverly Thorn		
5. Manuscript Title Literacy-Adapted Controlled Trial		Therapy vs Education for 0	Chronic Pain at Low-Income	Clinics: A Randomized	
6. Manuscript Ider M17-0972	ntifying Number (if you kn	ow it)			
			_		
Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the si statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	e one line for each entity; ac	ationships (regardless of amount dd as many lines as you need by onths prior to publication.	
Section 4.	Intellectual Proper	ty Patents & Copyrig	ıhts		
Do you have any			oadly relevant to the work?	☐ Yes ✓ No	

Kim 2



Section 5. Polationships not sovered above				
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):				
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
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Campbell 1



Section 1.	Identifying Inform	nation			
· · · · · · · · · · · · · · · · · · ·		2. Surname (Last Name) Campbell			
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 Tria					
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Section 2.	The Work Under Co	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, est? Yes No ormation below. If you h	data monitoring bo	vernment, commercial, private foundation ard, study design, manuscript preparation are entity press the "ADD" button to a	on,
Name of Institut	ion/Company	Grant? Personal Fees?	on-Financial Ot	her? Comments	
University of Alabam	a-Tuscaloosa/PCORI	✓			
	ı				
Section 3.	Relevant financial	activities outside the	e submitted wo	rk.	
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. port relationships that w	Use one line for ea ere present duri n	financial relationships (regardless of ach entity; add as many lines as you ng the 36 months prior to publicat	need by
Section 4.	Intellectual Proper	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant t	o the work? Yes V No	

Campbell 2



Section 5.					
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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Sections					
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Dr. Campbell repo	rts grants from University of Alabama-Tuscaloosa/PCORI, during the conduct of the study; .				

Evaluation and Feedback

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Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) $BROBROW$ 3. Date 11/9/17
4. Are you the corresponding author?
5. Manuscript Title LI to My BORDER COGNITHE FORMOND Then oppy
6. Manuscript Identifying Number (if you know it) M17-0872 For Low-Income Clinics:
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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?
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patent

Penn 1



Section 1. Identifying Information	ation				
1. Given Name (First Name) Terence	2. Surnai Penn	me (Last Nar	me)		3. Date 19-November-1991
4. Are you the corresponding author?	the corresponding author? Yes Vo Corresponding Author's Name Beverly E. Thorn			or's Name	
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral T Controlled Trial	herapy v	s Educatior	n for Chronic Pain	at Low-li	ncome Clinics: A Randomized
6. Manuscript Identifying Number (if you known M17-0972	ow it)				
Section 2					
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not linst?	nited to gran Yes pelow. If yo	nts, data monitoring	board, st	udy design, manuscript preparation,
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient-Centered Outcomes Research Institute PCORI)	V				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 a	ctivities	s outside '	the submitted	work.	
Place a check in the appropriate boxes ir of compensation) with entities as descrik clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	oed in the ort relatio	instruction	ns. Use one line fo t were present d	or each er	ntity; add as many lines as you need by

Penn 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Mr. Penn reports a grant from the Patient-Centered Outcomes Research Institute (PCORI) during the conduct of the study.

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Penn 3



Instructions

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

Tucker 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Tucker	3. Date 10-November-2017		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Beverly E. Thorn, Ph.D., ABPP		
5. Manuscript Title Literacy-Adapted Controlled Trial		Therapy vs Education for 0	Chronic Pain at Low-Income Clinics: A Randomized		
6. Manuscript Ider M17-0972	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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 V					
	ı				
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add	n) with entities as descri I +" box. You should rep	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Are there any rel	evant conflicts of intere	est? Yes ✓ No			
Continue					
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V		

Tucker 2



Section 5. Polationships not severed above
Relationships not covered above
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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.
Mrs. Tucker has nothing to disclose.

Evaluation and Feedback

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Tucker 3



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patent

Jeon 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Minjeong	rst Name)	2. Surname (Last Name) Jeon		3. Date 10-November-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan Beverly E. Thorn	ne
5. Manuscript Title Literacy-Adapted Controlled Trial		Therapy vs Education for G	Chronic Pain at Low-Income	Clinics: A Randomized
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, con ta monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	se one line for each entity; ac	ntionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	ihts	
Do you have any	patents, whether plant	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Jeon 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
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Dr. Jeon has not	hing to disclose.

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Mulla 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Mazheruddin	2. Surname (Last Name) Mulla		3. Date 10-November-2017
4. Are you the corresponding author?			ne
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Controlled Trial	Therapy vs Education for (Chronic Pain at Low-Income	Clinics: A Randomized
6. Manuscript Identifying Number (if you kr M17-0972	now it)	_	
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	b.w.:sta.daule	
Place a check in the appropriate boxes i of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interest.	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial rela se one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyri <u>c</u>	ahts	
Do you have any patents, whether plan			☐ Yes 🗸 No

Mulla 2



Section 5. Relationships not severed above
Relationships not covered above
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Newman 1



Section 1. Identifying Inform	aation		
identifying inform	laction		
Given Name (First Name) Andrea	2. Surname (Last Name) Newman		3. Date 17-October-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho Beverly E. Thorn	r's Name
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Controlled Trial"	Therapy vs Education for C	Chronic Pain at Low-In	come Clinics: A Randomized
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Name of Institution/Company	Grant	-Financial Other?	Comments
Patient-Centered Outcomes Research Institute PCORI)	✓		Contract #941
Section 3. Relevant financial	activities outside the s	ubmitted work.	
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Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the v	vork? ☐ Yes ✓ No

Newman 2



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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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Newman 3



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Torres 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Torres		3. Date 17-October-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na	me
5. Manuscript Title Literacy-Adapted Controlled Trial		Therapy vs Education for	Chronic Pain at Low-Income	e Clinics: A Randomized
6. Manuscript Ider M17-0972	ntifying Number (if you kr	now it)		
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Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Uport relations hips that we	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes ✓ No

Torres 2



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4. Intellectual Property.

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

Relationships not covered above.

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Issued: The patent has been issued by the agency

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

Thorn 1



Section 1. Identifying Inform	ation				
Given Name (First Name) Beverly	2. Surname (Last Na Thorn	ne)		3. Date 23-October-2017	
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Literacy-Adapted Cognitive-Behavioral T Controlled Trial	Therapy vs Educatio	n for Chronic Pain	at Low-Ir	ncome Clinics: A Randomized	
6. Manuscript Identifying Number (if you known M17-0972	ow it)				
Section 2. The Work Under Co	nsideration for P	ublication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to gradest? Yes	nts, data monitoring	g board, sto	udy design, manuscript preparation,	
Excess rows can be removed by pressing	•	a nave more than	TOTIC CITA		
Name of Institution/Company	Grant? Personal	Non-Financial Support?	Other?	Comments	
Patient Centered Outcomes Research Institute	V			Research contract	
The University of Alabama			√	Indirect cost recovery for research expenses	
Section 3. Relevant financial a	activities outside	the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as descrik clicking the "Add +" box. You should rep	oed in the instructio ort relationships tha	ns. Use one line fo at were present d	or each er	ntity; add as many lines as you need	d by
Are there any relevant conflicts of intere		No			
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Guilford Publications				Book roylaties	

Thorn 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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. 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

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Thorn 3



Instructions

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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

Anderson 1



Section 1.	Identifying Inform	ation			
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 Co	onsideration 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 Vo					
Section 4.	Intellectual Proper	ty Patents & Copyrights			
Do you have any		ned, pending or issued, broadly relevant to the work	? ☐ Yes ✔ No		

Anderson 2



Section 5.			
Section 5.	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		

Evaluation and Feedback

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

Anderson 3



Instructions

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

Smith 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Laura	rst Name)	2. Surname (Last Name) Smith		3. Date 16-January-2018		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam Beverly Thorn	ne		
	5. Manuscript Title Literacy-Adapted Cognitive-Behavioral Therapy vs Education for Chronic Pain at Low-Income Clinics: A Randomized Controlled Trial					
6. Manuscript Ider M17-0972	ntifying Number (if you kn	ow it)				
			_			
Section 2.	The Work Under Co	onsideration for Public	ation			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted 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 Vo						
Section 4.						
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No		

Smith 2



Section 5. Relationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
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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Smith 3



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Brooks 1



Section 1.	Identifying Inform	ation			
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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Section 4.	Intellectual Proper	ty Pater	nts & Copyrights		
Do you have any	patents, whether plan	ned, pendir	ng or issued, broadly relevant	to the work?	Yes 🗸 No

Brooks 2



Section 5. Polationships not severed above
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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R. Brooks has nothing to disclose.

Evaluation and Feedback

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Brooks 3



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

Edwards 1



Section 1.	Identifying Inform	nation		
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) 				
Section 2.	The Work Under Co	onsideration for Publica	ntion	
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Section 3.	Relevant financial	activities outside the su	bmitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyrigl	nts	
Do you have any	patents, whether plan	ned, pending or issued, bro	adly relevant to the work?	Yes 🗸 No

Edwards 2



Section 5.					
Section 5.	Relationships not covered above				
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
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Edwards 3