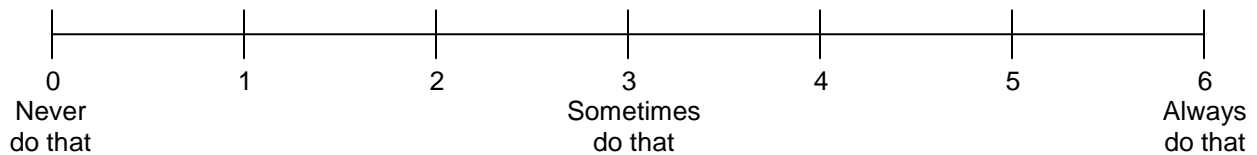
	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

### THOUGHTS ABOUT SYMPTOMS (CSQ)

Participant completes via online survey at **Week 4 Baseline and Months 6, 12, 18, 24, 30, & 36 Follow-up Contacts**

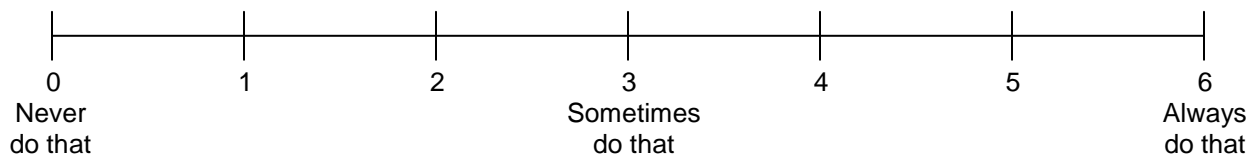
**Instructions:** Individuals who experience pain have developed a number of ways to cope or deal with, their symptoms. These include saying things to themselves when they experience pain, fatigue, etc. or engaging in different activities. Below is a list of things that patients have reported doing when they feel pain. For each activity, I want you to indicate, using the scale below, how much you engage in that activity when you feel pain, where a 0 indicates you never do that when you are experiencing pain, a 3 indicates you sometimes do that when you are experiencing pain, and a 6 indicates you always do that when you are experiencing pain. *Please write the numbers you choose in the blanks beside the activities.* Remember, you can use any point along the scale.



When I feel pain ...

- \_\_\_\_\_ 1. It is terrible, and I feel it's never going to get any better.
- \_\_\_\_\_ 2. It is awful, and I feel that it overwhelms me.
- \_\_\_\_\_ 3. I feel my life isn't worth living.
- \_\_\_\_\_ 4. I worry all the time about whether it will end.
- \_\_\_\_\_ 5. I feel I can't stand it anymore.
- \_\_\_\_\_ 6. I feel like I can't go on.

7. Based on all the things you do to cope, or deal with your pain, on an average day, how much control do you feel you have over it? Please select the appropriate number. Remember, you can select any number along the scale.



8. Based on all the things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Please select the appropriate number. Remember, you can select any number along the scale.

