The shaded areas in the diagrams below show the position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.

**Area A**
(Shaded area)

**Area B**
(Shaded area)

**Area C**
(Shaded area)

**Area D**
(Shaded area)

**Area E**
(Shaded area)

**Area F**
(Shaded area)

<table>
<thead>
<tr>
<th>Never</th>
<th>1-2 times last week</th>
<th>3-4 times last week</th>
<th>Once every week</th>
<th>Several times every day</th>
<th>Slightly uncomfortable</th>
<th>Moderately uncomfortable</th>
<th>Very uncomfortable</th>
<th>Not at all</th>
<th>Slightly interfered</th>
<th>Substantially interfered</th>
</tr>
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<tbody>
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</table>

During the last week how often did you experience ache, pain, discomfort in use of mobile phone:

If you experienced ache, pain, discomfort, how uncomfortable was this?

If you experienced ache, pain, discomfort, did this interfere with your ability to use of mobile phone?

**Complete only for RIGHT HAND**