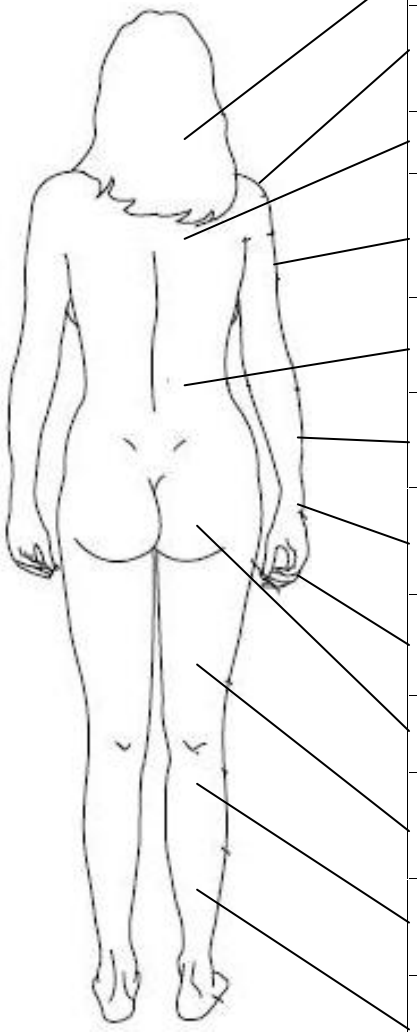
The diagram below shows the approximate position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.



	During the last week, how often did you experience ache, pain, discomfort in:					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 laptop and perform computer activities?		
	Never	1-2 times last week	3 - 4 times last week	Once every day	Several timese very day	Slightly uncomfotable	Moderatly uncomfortable	Very uncomfortable	Not at all	Slightly interfered	substantially interfered
Neck	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shoulder (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Shoulder (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper back	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper arm (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper arm (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower back	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Forearm (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Forearm (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wrist (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wrist (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hand/Finger (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hand/Finger (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hip/Buttocks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thigh (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thigh (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Knee (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Knee (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower leg (Right)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower leg (Left)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐