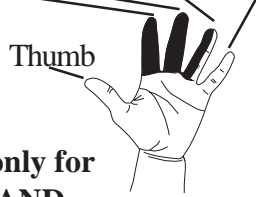


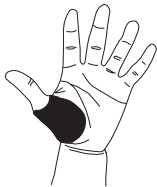
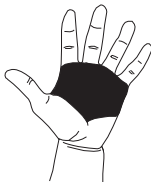
The shaded areas in the diagrams below show the position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.

Index Middle Ring Pinkie

Thumb



Complete only for
LEFT HAND



During the last work 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 work?

<p>Area A (Shaded area)</p>	<p>Never 1-2 3-4 Several times times last last Once week week day every day</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Slightly Moderately Very uncomfortable uncomfortable uncomfortable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Not at all Slightly Substantially interfered interfered interfered</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Area B (Shaded area)</p>	<p>Never 1-2 3-4 Several times times last last Once week week day every day</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Slightly Moderately Very uncomfortable uncomfortable uncomfortable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Not at all Slightly Substantially interfered interfered interfered</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Area C (Shaded area)</p>	<p>Never 1-2 3-4 Several times times last last Once week week day every day</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Slightly Moderately Very uncomfortable uncomfortable uncomfortable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Not at all Slightly Substantially interfered interfered interfered</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Area D (Shaded area)</p>	<p>Never 1-2 3-4 Several times times last last Once week week day every day</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Slightly Moderately Very uncomfortable uncomfortable uncomfortable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Not at all Slightly Substantially interfered interfered interfered</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Area E (Shaded area)</p>	<p>Never 1-2 3-4 Several times times last last Once week week day every day</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Slightly Moderately Very uncomfortable uncomfortable uncomfortable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Not at all Slightly Substantially interfered interfered interfered</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Area F (Shaded area)</p>	<p>Never 1-2 3-4 Several times times last last Once week week day every day</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Slightly Moderately Very uncomfortable uncomfortable uncomfortable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Not at all Slightly Substantially interfered interfered interfered</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>