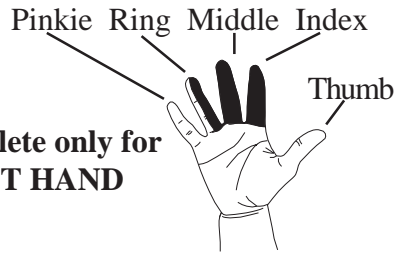
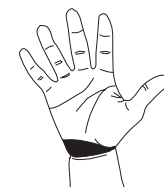
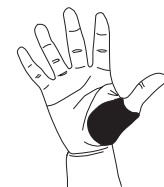
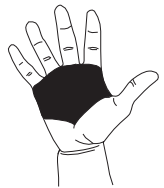
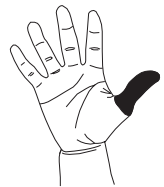


The shaded areas in the diagrams below show the position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.



Complete only for RIGHT 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 week week Once every day Several times 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</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 week week Once every day Several times 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</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 week week Once every day Several times 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</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 week week Once every day Several times 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</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 week week Once every day Several times 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</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 week week Once every day Several times 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</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>