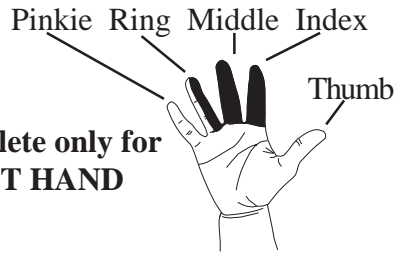
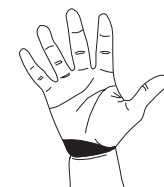
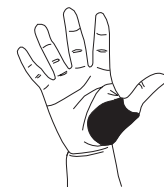
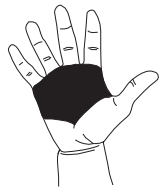
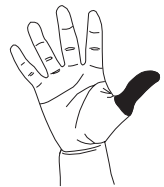
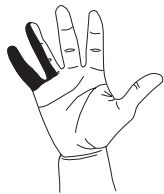


The shaded areas in the diagrams below show the position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.



**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?

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