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**

<table>
<thead>
<tr>
<th>Area A</th>
<th>During the last work <strong>week</strong> how often did you experience ache, pain, discomfort in:</th>
<th>If you experienced ache, pain, discomfort, how uncomfortable was this?</th>
<th>If you experienced ache, pain, discomfort, did this interfere with your ability to work?</th>
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