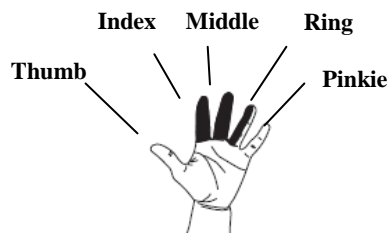


The shaded areas in the diagrams below show the position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.

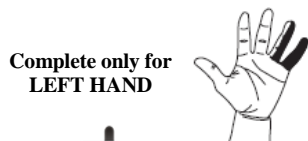


Area A
(Shaded area)

During the last <u>week</u> how often did you experience ache, pain, discomfort in use of mobile phone:				
Never	1-2 times last week	3-4 times last week	Once every week	Several times every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you experienced ache, pain, discomfort, how uncomfortable was this?		
Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you experienced ache, pain, discomfort, did this interfere with your ability to use of mobile phone?		
Not at all	Slightly interfered	Substantially interfered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Area B
(Shaded area)

Never	1-2 times last week	3-4 times last week	Once every week	Several times every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	Slightly interfered	Substantially interfered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Area C
(Shaded area)

Never	1-2 times last week	3-4 times last week	Once every week	Several times every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	Slightly interfered	Substantially interfered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Area D
(Shaded area)

Never	1-2 times last week	3-4 times last week	Once every week	Several times every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	Slightly interfered	Substantially interfered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Area E
(Shaded area)

Never	1-2 times last week	3-4 times last week	Once every week	Several times every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	Slightly interfered	Substantially interfered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Area F
(Shaded area)

Never	1-2 times last week	3-4 times last week	Once every week	Several times every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	Slightly interfered	Substantially interfered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>