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Appendix 2

SYMPTOMS

How often have you had symptoms in the last three months? (body parts A-I in the picture below)? Mark the appropriate option.

	Almost daily	More than once a week	About once a week	About once a month	Seldom or never
Headache (A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck or shoulder pain / ache (B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper extremities pain / ache (C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain / ache (D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper back pain / ache (E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower back pain / ache (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach ache (G)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buttocks pain / ache (H)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower extremities pain / ache (I)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waking up at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you injured any of the above-mentioned and pictured pain areas during the previous three months (for example, fallen, stumbled, breached during sport, etc.)

- ☐ No
☐ Yes

If you answered "Yes" to the previous question, please indicate the injured body areas. You can choose several options.

- ☐ B
☐ C
☐ D
☐ E
☐ F
☐ G
☐ H
☐ I

