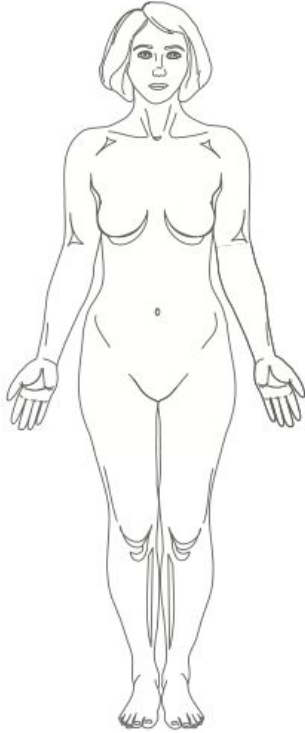
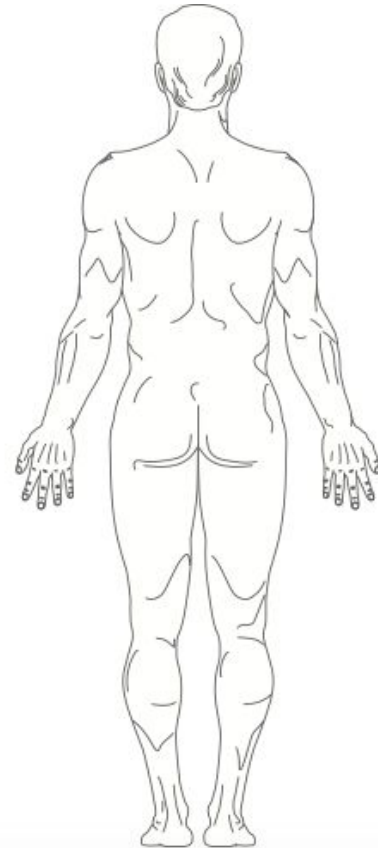
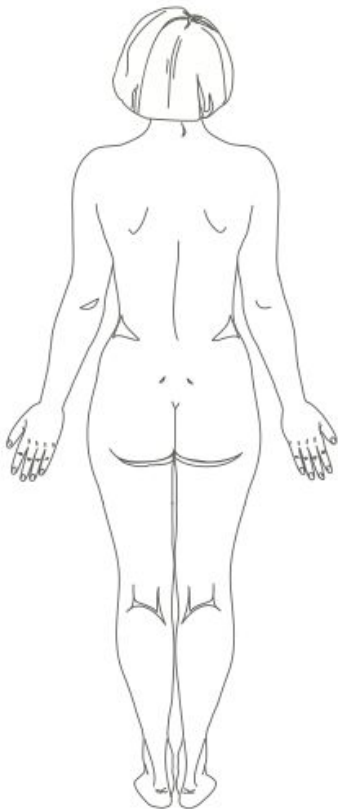
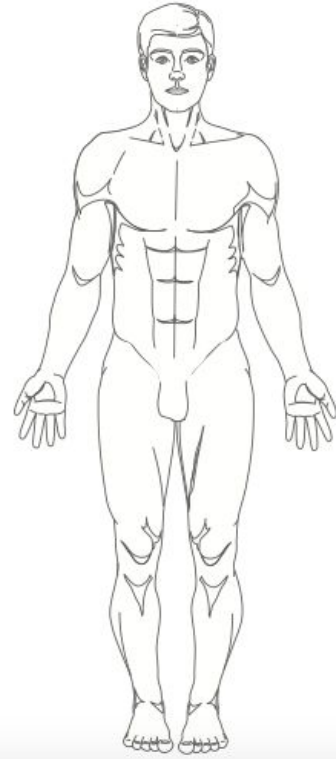


Please indicate areas of tension, pain or stress you are currently experiencing on the figures below.



Please indicate areas of tension, pain or stress you are currently experiencing on the figures below.



Mark your discomfort level on this scale:

