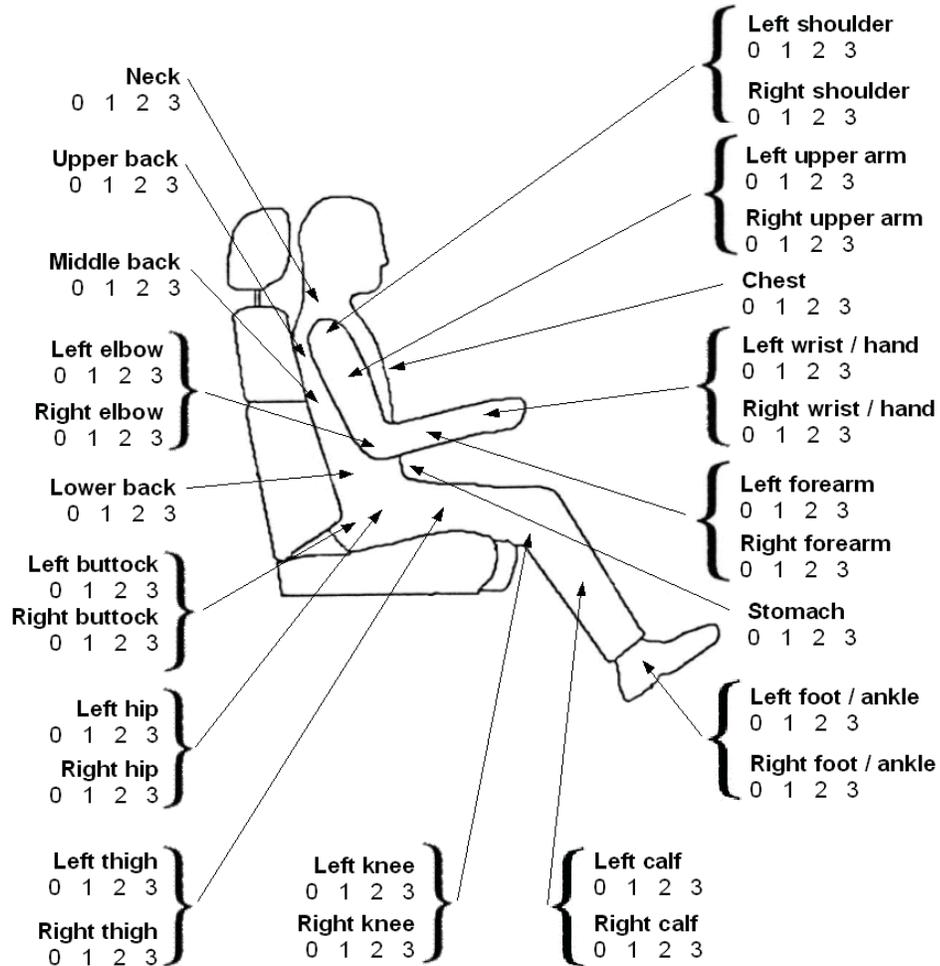




## BODY PART DISCOMFORT MAP

In a **typical week** do you experience any **discomfort** in the car you drive for work? Using the scale below, please circle the appropriate number.

- 0 No discomfort
- 1 Slight discomfort
- 2 Moderate discomfort
- 3 Considerable discomfort



What do you believe are the **reasons** for any of this discomfort (including anything at work or elsewhere)?

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