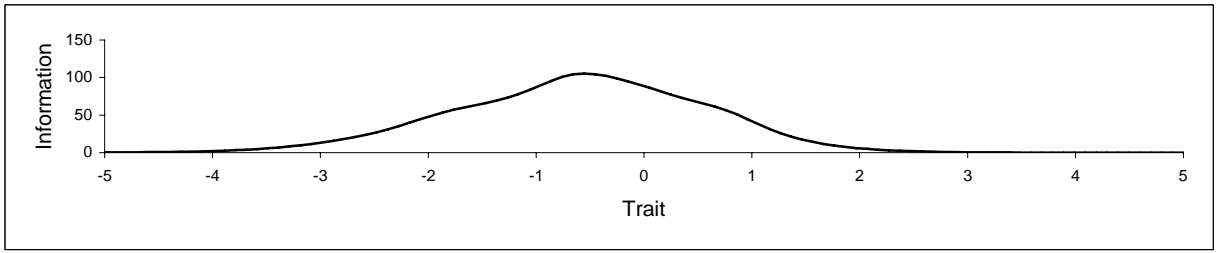
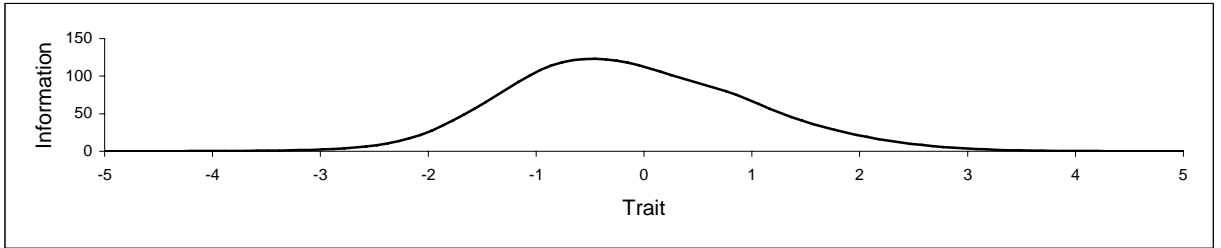


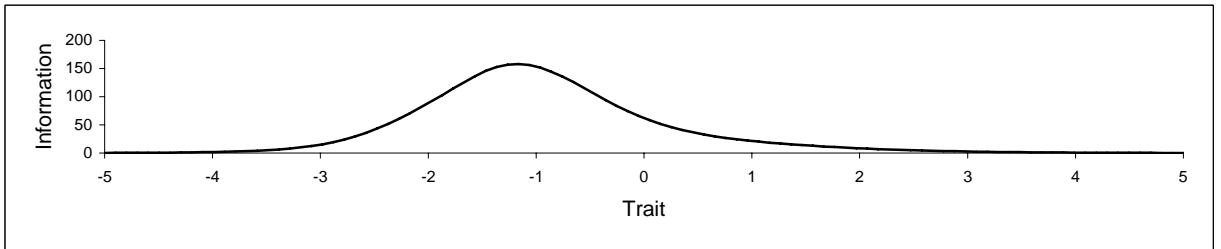
a) Daily Activities



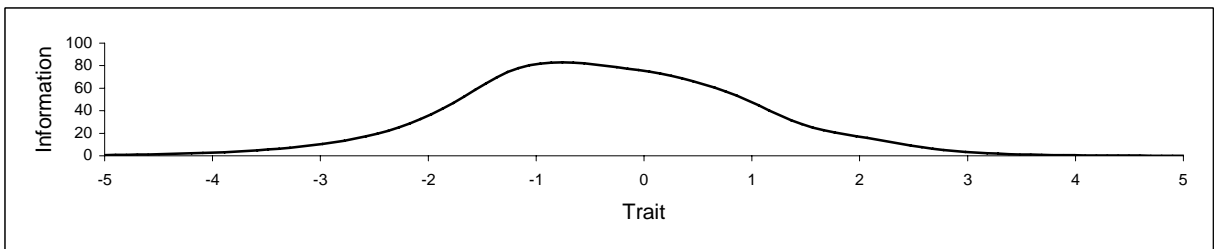
b) Walking



c) Handling Objects



d) Pain or Discomfort



e) Feelings

