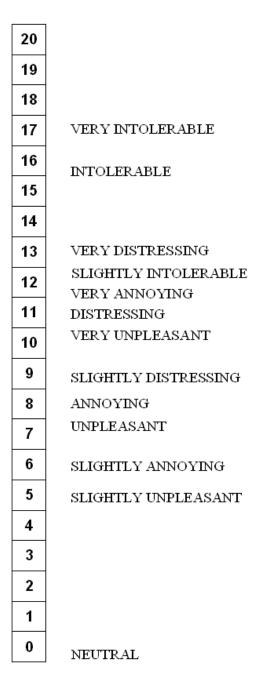
	Participant ID:		Pin #	
	Discovery Site:		Clinical Center	
	CRF Date:	//	Visit #:	

Gracely Box Scales

Participant completes via online survey at Week 4 Baseline and Months 6, 18, & 36 Follow-up Contacts.

Please rate the UNPLEASANTNESS of *your symptoms over the last 24 hours* by indicating any number on this scale. Please read all the words carefully and use them as a guide to where different intensities are located on the scale. Remember you can use any number on the scale including those between the words or above or below the top and bottom word.



	Participant ID:		Pin #	
	Discovery Site:		Clinical Center	
	CRF Date:	//	Visit #:	

Gracely Box Scales

Participant completes via online survey at Week 4 Baseline and Months 6, 18, & 36 Follow-up Contacts.

Please rate the INTENSITY of *your symptoms over the last 24 hours* by indicating any number on this scale. Please read all the words carefully and use them as a guide to where different intensities are located on the scale. Remember you can use any number on the scale including those between the words or above or below the top and bottom word.

EXTREMELY INTENSE			
VERY INTENSE			
INTENSE			
STRONG			
SLIGHTLY INTENSE			
BARELY STRONG			
MODERATE			
MILD			
VERY MILD			
WEAK			
VERY WEAK			
FAINT			