
	<b>Participant ID:</b> _____	<b>Pin #</b> _____
	<b>Discovery Site:</b> _____	<b>Clinical Center</b> _____
	<b>CRF Date:</b> ____/____/____	<b>Visit #:</b> ____

### Gracely Box Scales

Participant completes on day of Trans-MAPP Neuro-Imaging Protocol MRI Scan.

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.

20	
19	
18	
17	VERY INTOLERABLE
16	INTOLERABLE
15	
14	
13	VERY DISTRESSING
12	SLIGHTLY INTOLERABLE VERY ANNOYING
11	DISTRESSING
10	VERY UNPLEASANT
9	SLIGHTLY DISTRESSING
8	ANNOYING
7	UNPLEASANT
6	SLIGHTLY ANNOYING
5	SLIGHTLY UNPLEASANT
4	
3	
2	
1	
0	NEUTRAL

	<b>Participant ID:</b> _____	<b>Pin #</b> _____
	<b>Discovery Site:</b> _____	<b>Clinical Center</b> _____
	<b>CRF Date:</b> ____/____/____	<b>Visit #:</b> ____

**Gracely Box Scales**

Participant completes on day of Trans-MAPP Neuro-Imaging Protocol MRI Scan.

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.

20	
19	
18	EXTREMELY INTENSE
17	VERY INTENSE
16	INTENSE
15	STRONG
14	
13	SLIGHTLY INTENSE
12	BARELY STRONG
11	MODERATE
10	
9	
8	MILD
7	
6	VERY MILD
5	WEAK
4	VERY WEAK
3	
2	
1	FAINT
0	