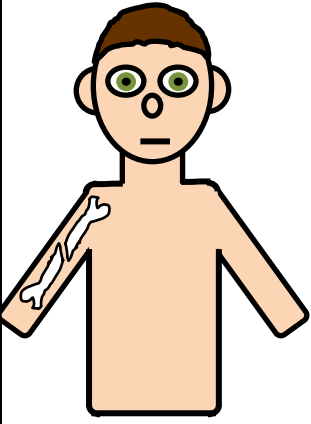
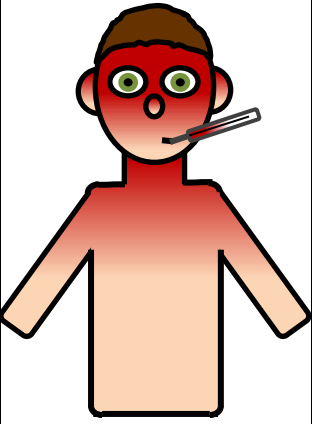
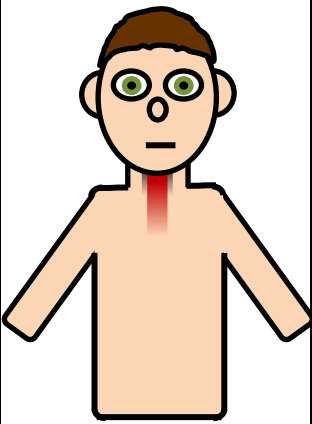
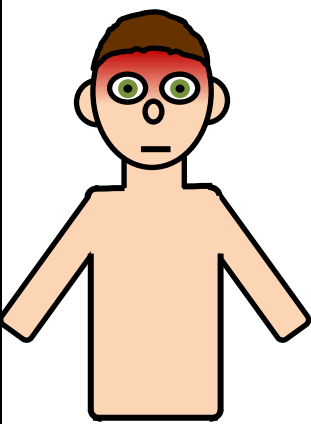
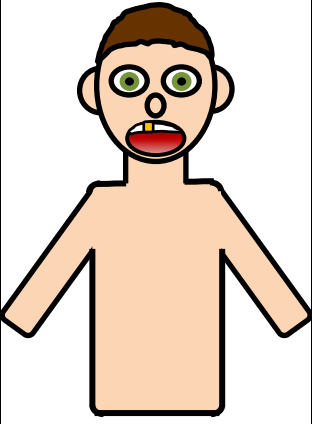
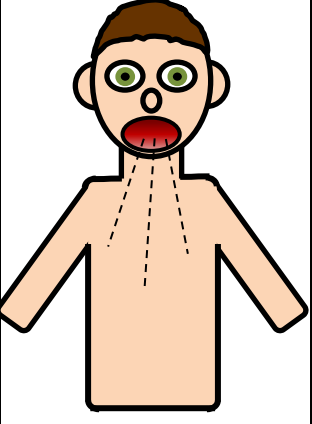
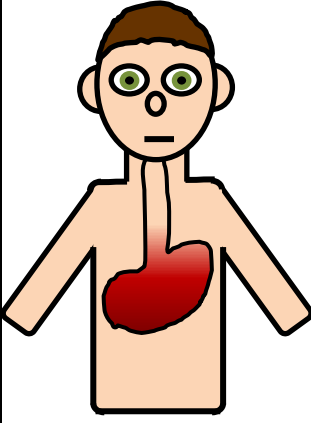
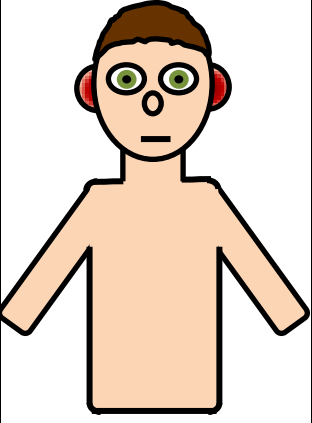
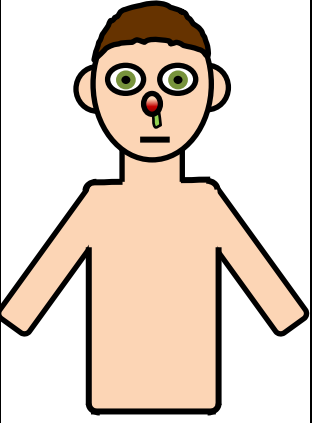
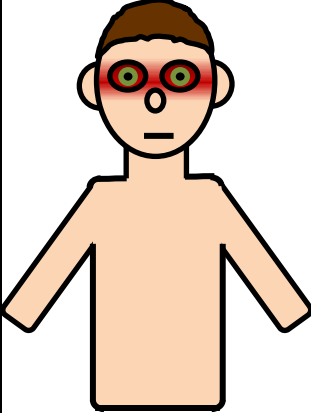
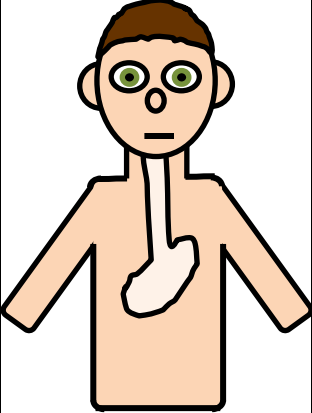
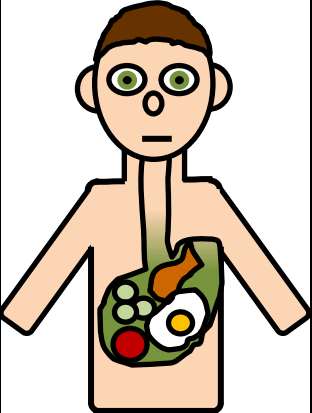
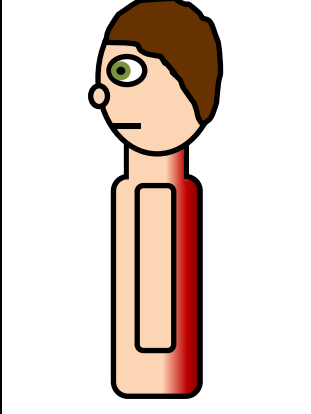
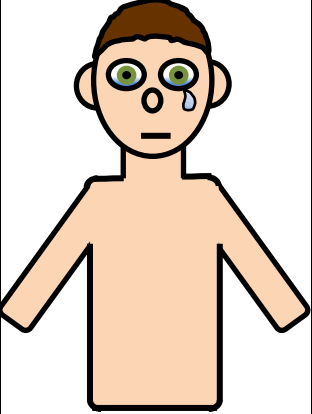
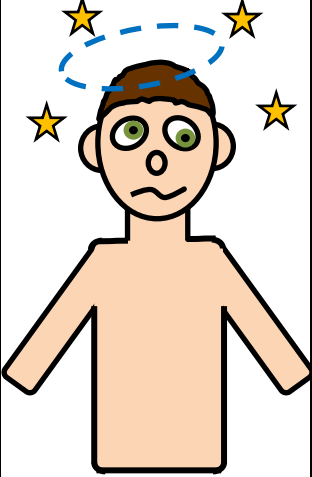
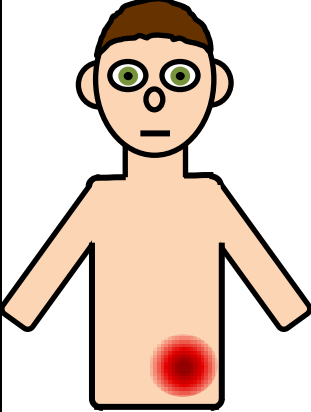
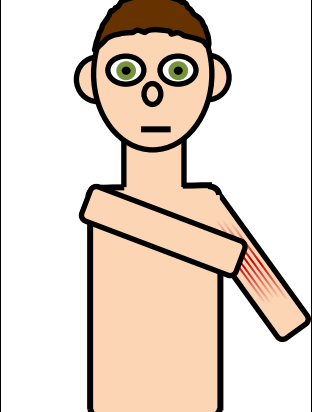
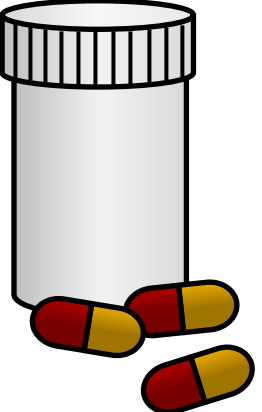


<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input type="radio"/> No, I don't.</p>  <p>...have a broken bone?</p>	<p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>	<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a fever?</p>	<p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>	<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a sore throat?</p>
<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a headache?</p>	<p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>	<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a toothache?</p>	<p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>	<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a cough?</p>
<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a stomachache?</p>	<p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>	<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have an earache?</p>	<p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>	<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p> <p><input checked="" type="radio"/> No, I don't.</p>  <p>...have a runny nose?</p>

<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p>  <p><input type="radio"/> ...have sore eyes?</p>	<p><input type="checkbox"/> No, I don't.</p>	<p><input type="radio"/> Yes, I do.</p>	<p>Do you...</p>  <p><input type="checkbox"/> ...feel hungry?</p>	<p><input type="checkbox"/> No, I don't.</p>	<p><input type="radio"/> Yes, I do.</p>	<p>Do you...</p>  <p><input type="checkbox"/> ...feel full?</p>	<p><input type="checkbox"/> No, I don't.</p>
<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p>  <p><input type="radio"/> ...have a sore back?</p>	<p><input type="checkbox"/> No, I don't.</p>	<p><input type="radio"/> Yes, I do.</p>	<p>Do you...</p>  <p><input type="checkbox"/> ...feel sad?</p>	<p><input type="checkbox"/> No, I don't.</p>	<p><input type="radio"/> Yes, I do.</p>	<p>Do you...</p>  <p><input type="checkbox"/> ...feel dizzy?</p>	<p><input type="checkbox"/> No, I don't.</p>
<p>Do you...</p> <p><input type="radio"/> Yes, I do.</p>  <p><input type="radio"/> ...have cramps?</p>	<p><input type="checkbox"/> No, I don't.</p>	<p><input type="radio"/> Yes, I do.</p>	<p>Do you...</p>  <p><input type="checkbox"/> ...feel itchy?</p>	<p><input type="checkbox"/> No, I don't.</p>	<p><input type="radio"/> Yes, I do.</p>	<p>Do you...</p>  <p><input type="checkbox"/> ...have medicine?</p>	<p><input type="checkbox"/> No, I don't.</p>