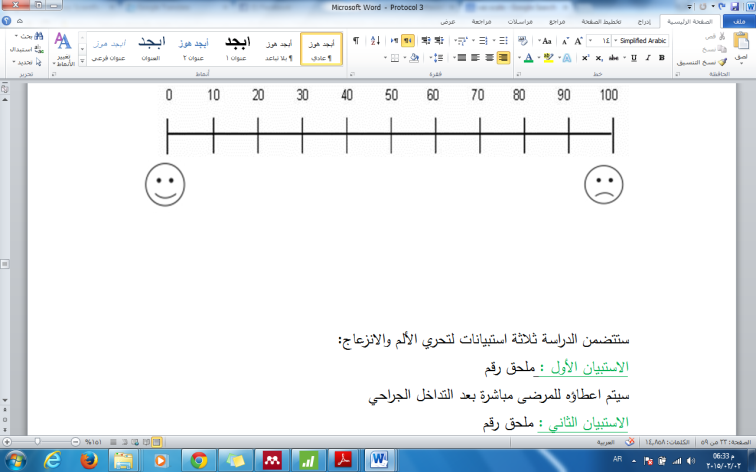
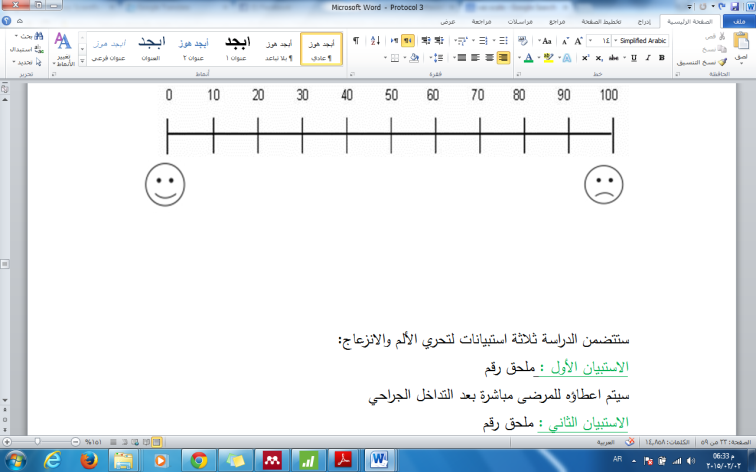
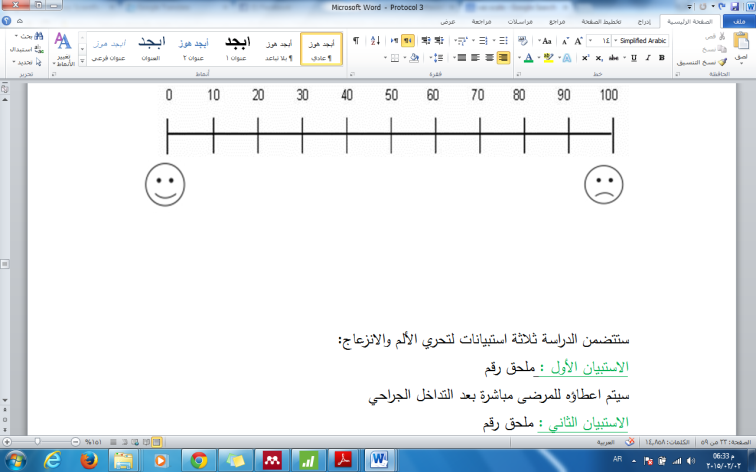
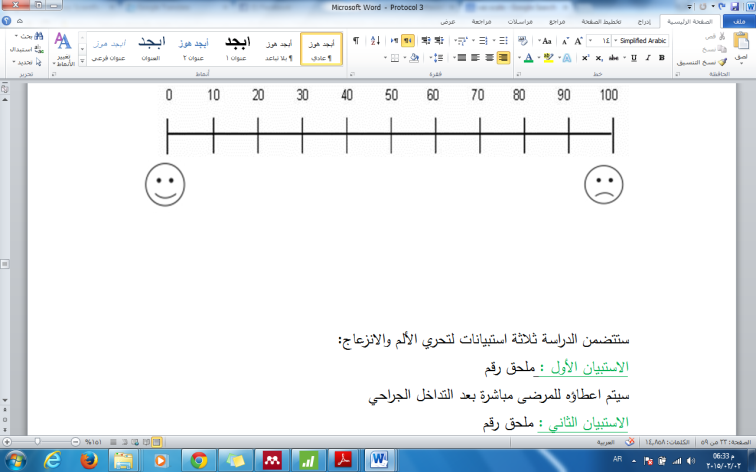
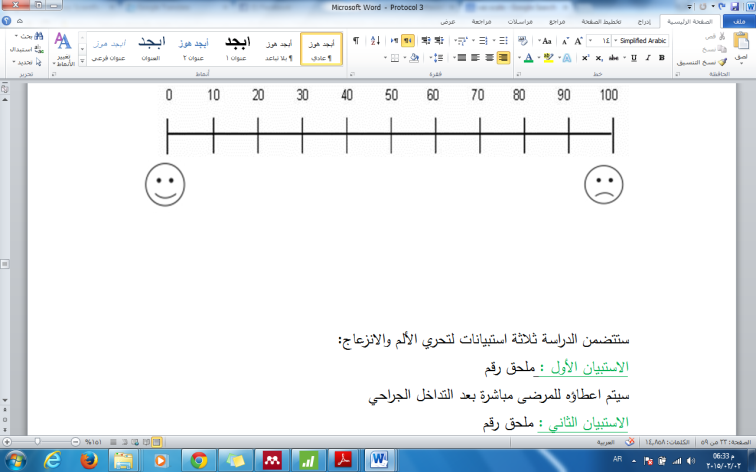
**Pain and Discomfort Questionnaire**

* How much pain did you have?  
  
* How much discomfort did you have?  
  
* How much swelling did you feel?  
  
* How much difficulties in mastication did you have?  
  
* How much difficulties in swallowing did you feel?  
  
* How much mouth limitation did you feel?  
  