Discomfort Rating Chart

Worst discomfort	**10**																		
I've ever felt	**9**																		
	8																		
	7																		
	6																		
	5																		
	4																		
	3																		
	2																		
No discomfort	**1**																		
	Minutes:	**5**	**10**	**15**	**20**	**25**	**30**	**35**	**40**	**45**	**50**	**55**	**60**	**65**	**70**	**75**	**80**	**85**	**90**

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