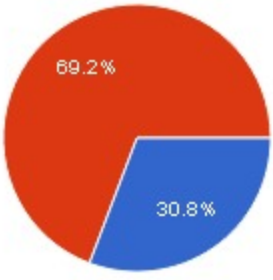
94 responses

View all responses

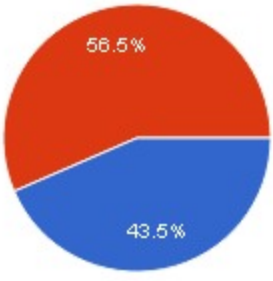
Summary

Do you have Chronic Pelvic Pain?



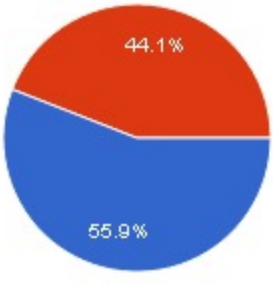
Yes	**28**	30.8%
No	**63**	69.2%

Do you experience Burning in your Eyes?



Yes	**40**	43.5%
No	**52**	56.5%

Do you get Heart Palpitations?



Yes	**52**	55.9%
No	**41**	44.1%

Number of daily responses