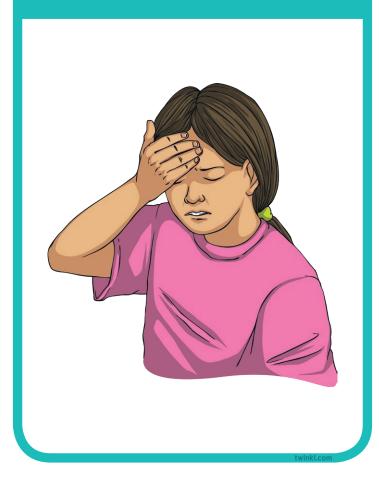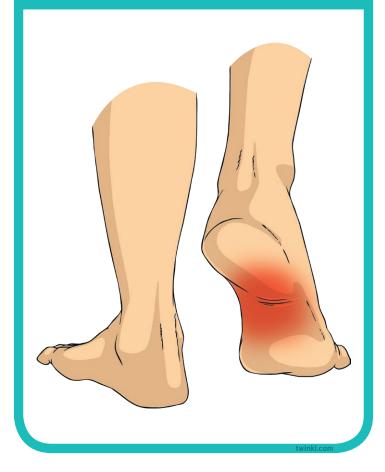## I have a headache.

I have an earache.

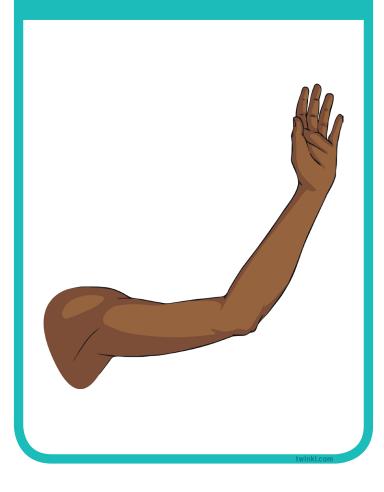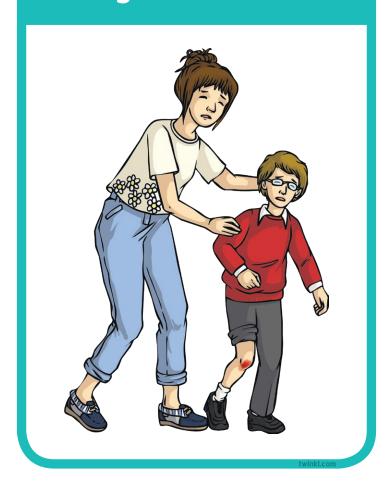## My feet hurt.
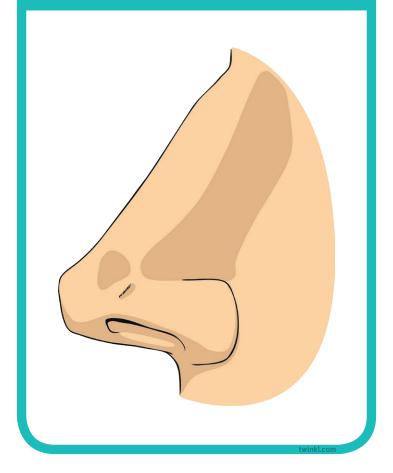

I have a toothache.

My arm hurts.

My knee hurts.

My eyes hurt.

My nose hurts.

I feel sick.