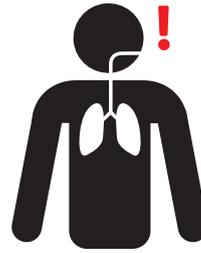


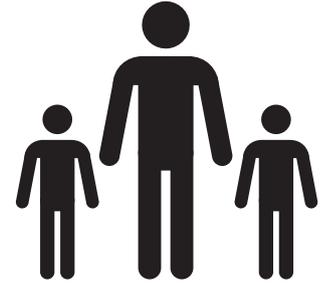
Yes / Good
No / Bad



I have pain
(please point where)



Hard to breathe



Family /
please call my family



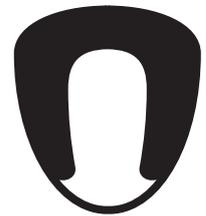
Nausea / I feel sick



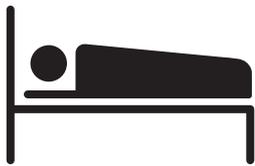
Toilet



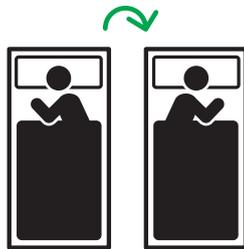
Urine bottle



Bed pan



Bed / I want to lie down



Turnover / change position



Sit up in bed



Sit in chair



I want to walk /
please walk



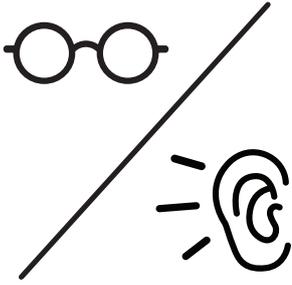
I don't want to walk /
please do not walk



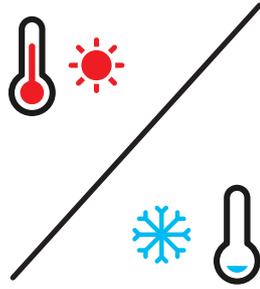
Walking aid



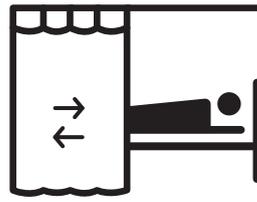
Wheelchair



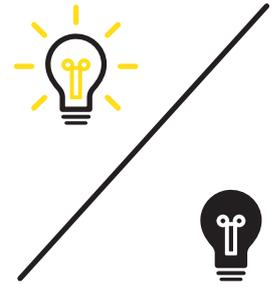
Glasses / hearing aids



I feel hot / I feel cold



Open curtains /
Close curtains



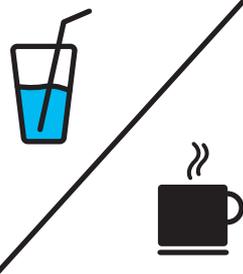
Lights on / Lights off



I'm hungry /
Please try to eat



I'm not hungry /
Please do not eat



I'm thirsty /
Please try to drink



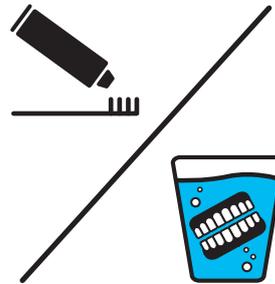
I'm not thirsty /
Please do not drink



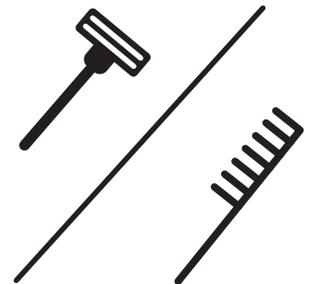
Shower



Wash hands



Brush teeth / dentures



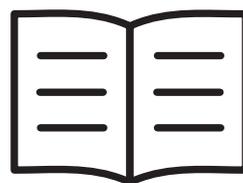
Shave / comb



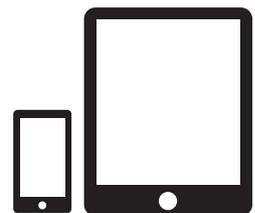
Change clothes



Bag



Book



Mobile phone / tablet