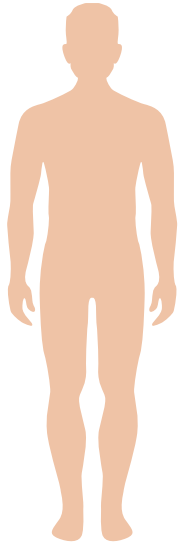
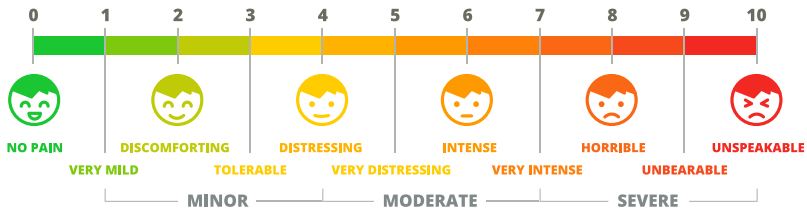


PAIN CHART



LEVEL OF PAIN



dull



sharp



radiating

I WANT PAIN MEDICINE



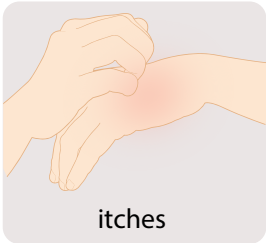
shot



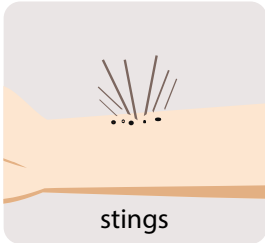
one pill



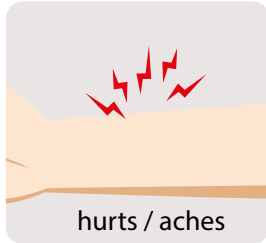
two pills



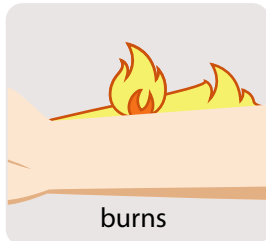
itches



stings



hurts / aches



burns



can't move/
numb



how am I doing?



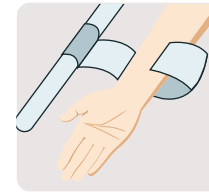
what day / time ?



what is happening?



when is tube coming out?



remove restraints



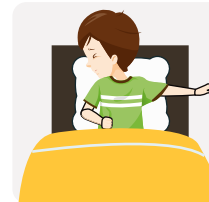
exercise



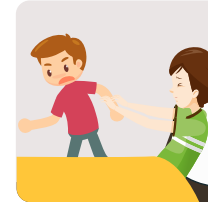
massage



cool cloth



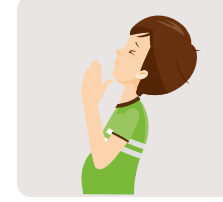
leave me alone



don't leave



come back later



prayer



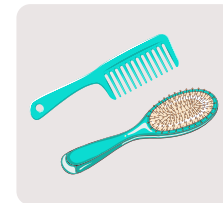
bathroom



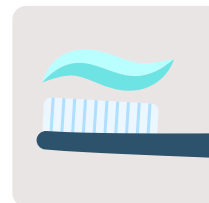
shampoo / bath



wash face



comb / brush



teeth brushed



socks / glasses



pillow / blanket