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Yes/No

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Body & Pain

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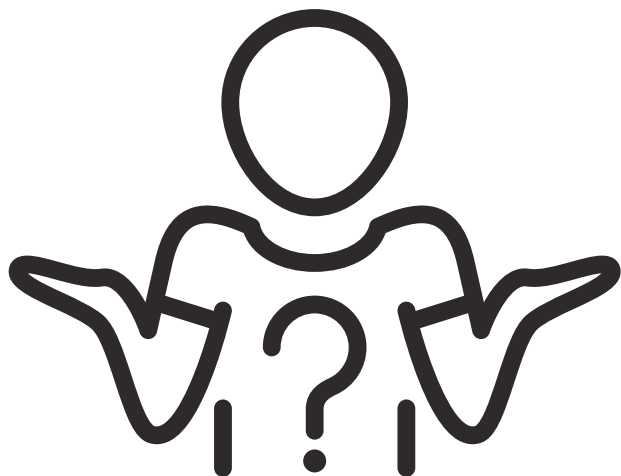




YES

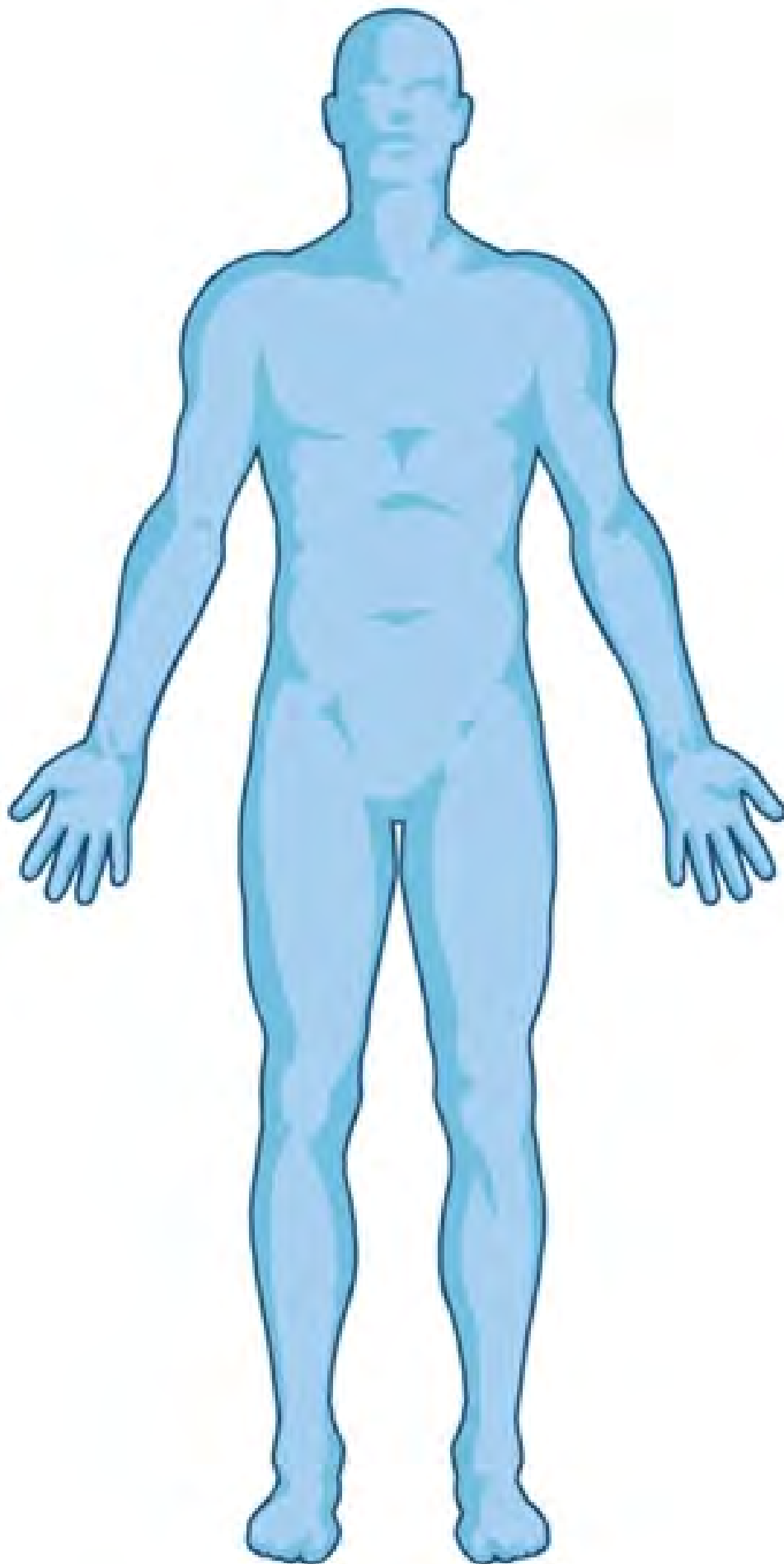


NO



Unsure







Pain Scale

10		
9		
8		
7		
6		
5		
4		
3		
2		
1		



Needs

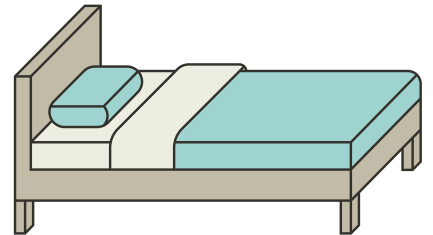
- **Food/Drink**



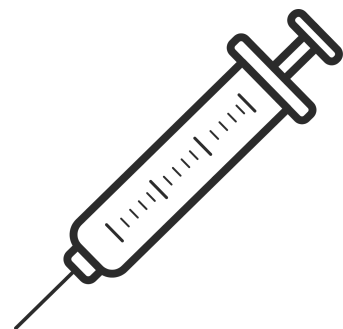
- **Bathroom**



- **Sit or Bed**

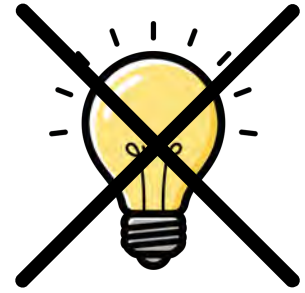


- **Medication**

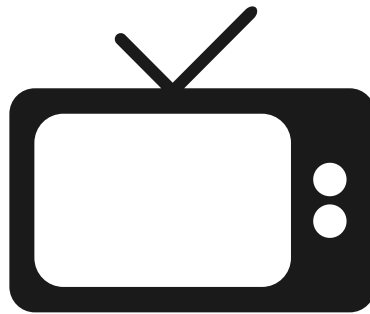


Needs

- Lights On/Off



- TV



- Glasses/Hearing Aids



Emotions

- **Anxious**



- **Sad**



- **Angry**



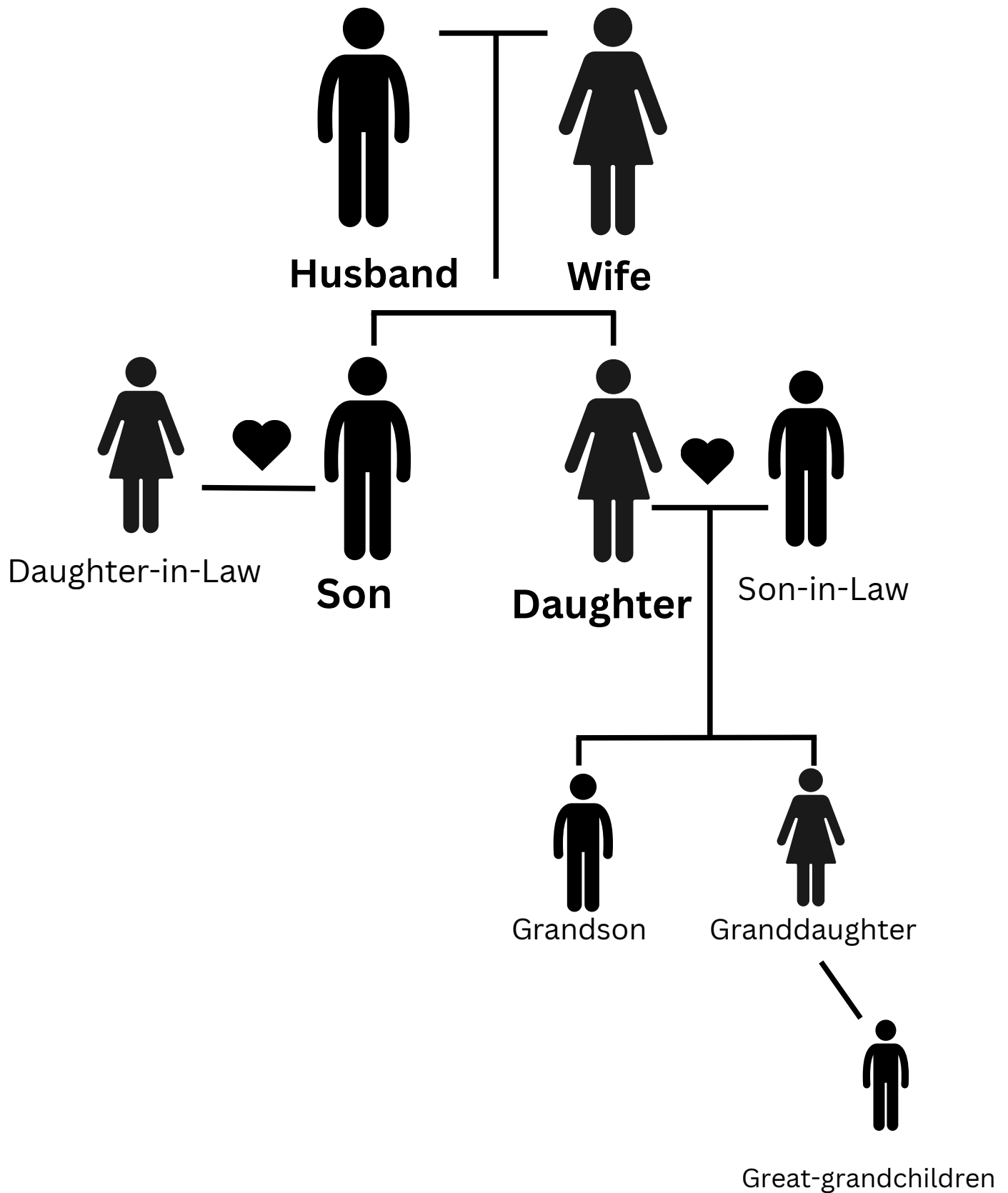
- **Scared**



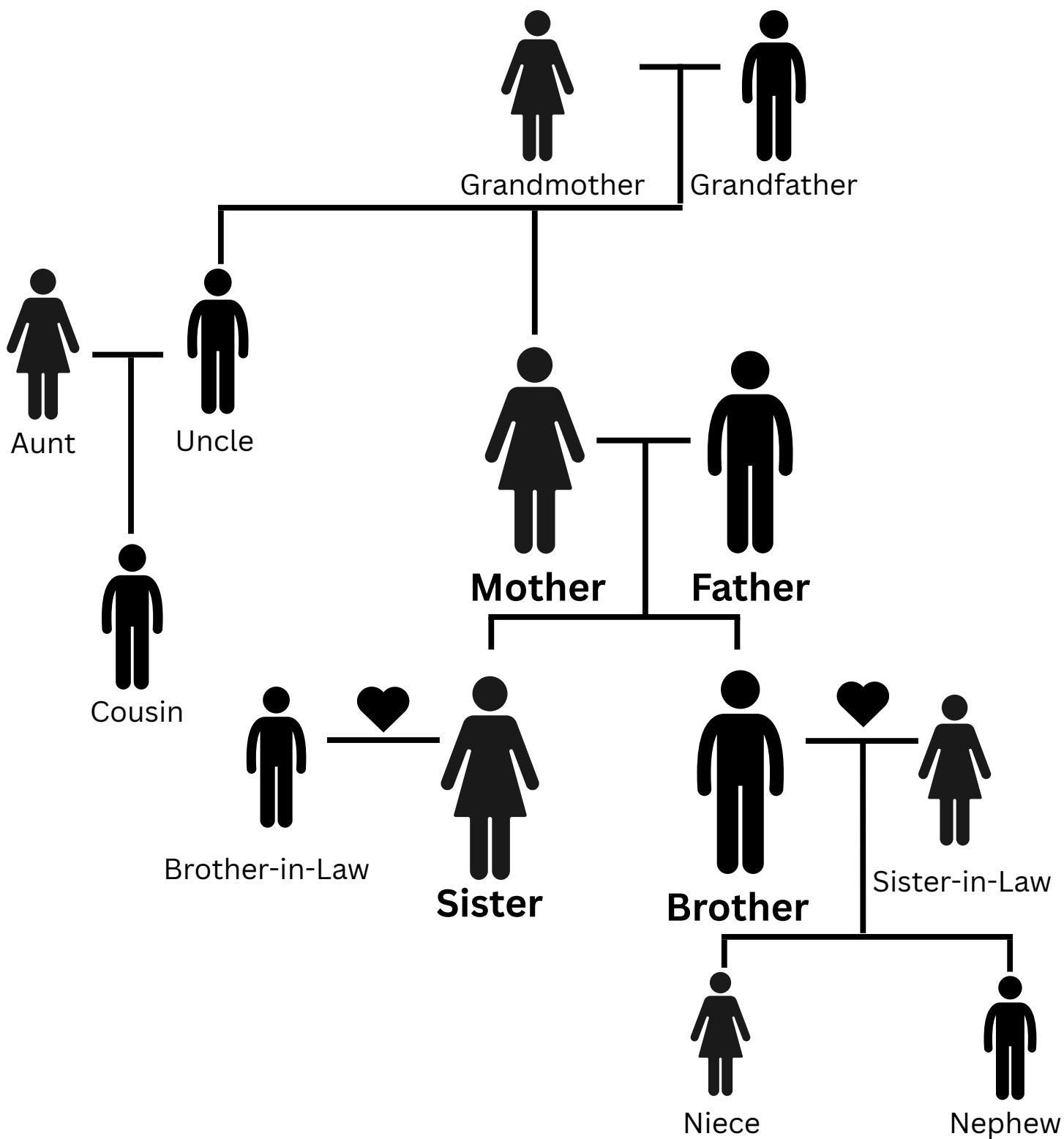
- **Optimistic**



Family.



Family.



Other People

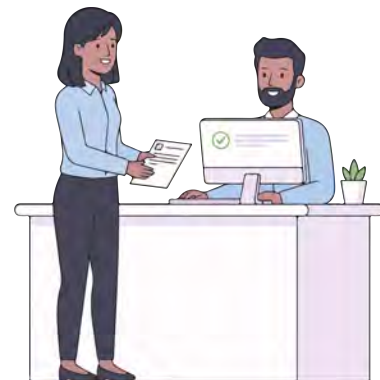
- **Friend**



- **Neighbor**



- **Coworker**



Hospital Staff

- Doctor



- Nurse



- Aide



- Dietician



- Surgeon



Hospital Staff

- **Physical Therapist**



- **Occupational Therapist**



- **Speech-Language Pathologist**



- **Social Worker**



Procedures

- **CT Scan/ MRI**



- **X-ray**



- **Blood Test**



- **Surgery**

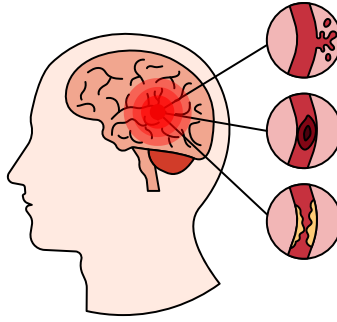


- **Swallowing Test**

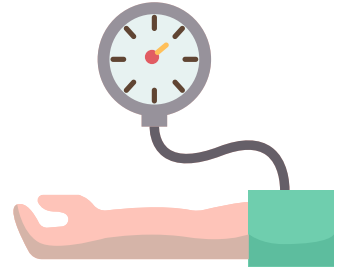


Health Conditions

- **Stroke**



- **High Blood Pressure**



- **Diabetes**



- **Depression**



- **Seizures**



Discharge

- **Inpatient Rehab**



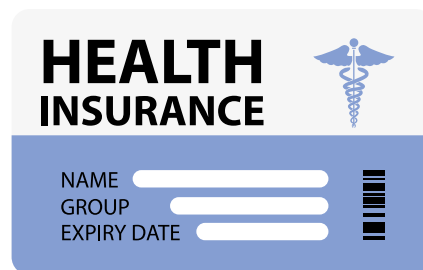
- **Outpatient Rehab**



- **Homecare**



- **Insurance**



1 2 3 4 5

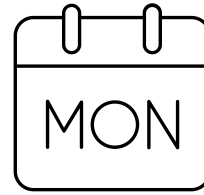
6 7 8 9 10

11 12 13 14 15

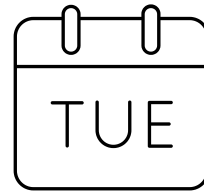
16 17 18 19 20

Days of the Week

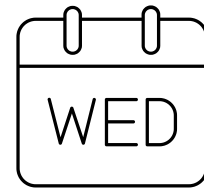
Monday



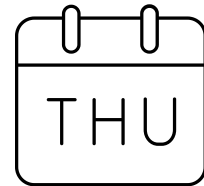
Tuesday



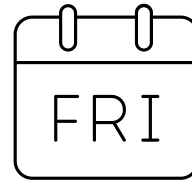
Wednesday



Thursday



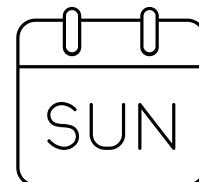
Friday



Saturday



Sunday



Months of the Year

January 

July 

February 

August 

March 

September 

April 

October 

May 

November 

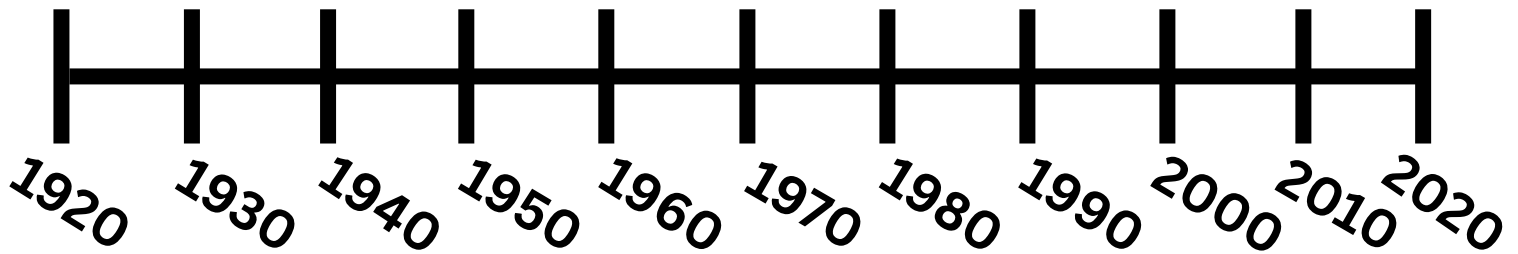
June 

December 



Timelines

1920-2020



2015-2026

