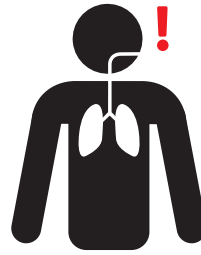


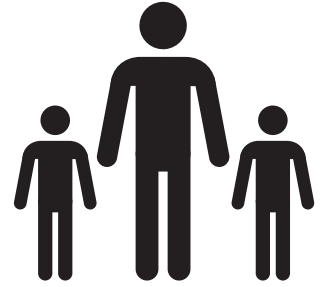
Yes / Good  
No / Bad



I have pain  
(please point where)



Hard to breathe



Family /  
please call my family



Nausea / I feel sick



Toilet



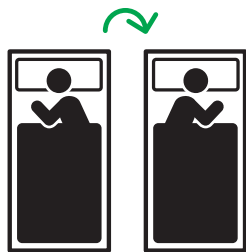
Urine bottle



Bed pan



Bed / I want to lie down



Turnover / change position



Sit up in bed



Sit in chair



I want to walk /  
please walk



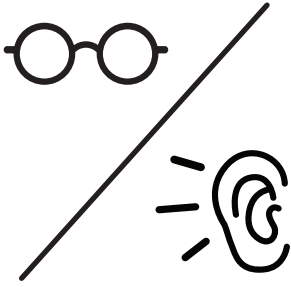
I don't want to walk /  
please do not walk



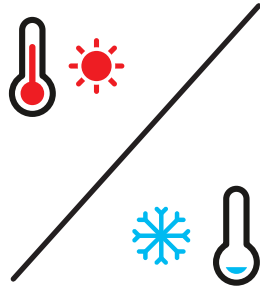
Walking aid



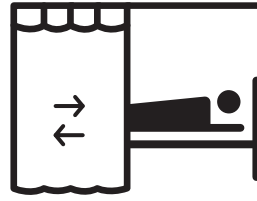
Wheelchair



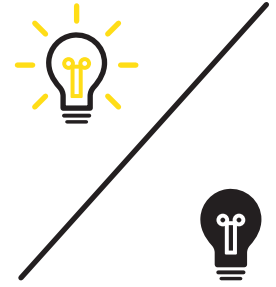
Glasses / hearing aids



I feel hot / I feel cold



Open curtains /  
Close curtains



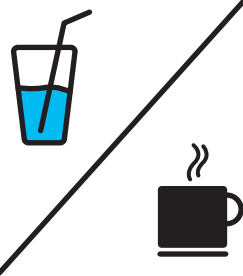
Lights on / Lights off



I'm hungry /  
Please try to eat



I'm not hungry /  
Please do not eat



I'm thirsty /  
Please try to drink



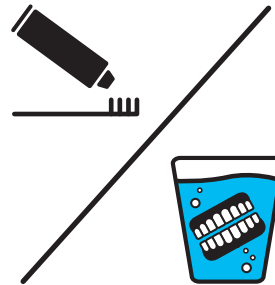
I'm not thirsty /  
Please do not drink



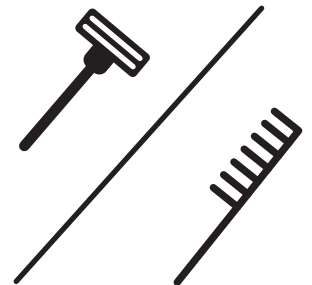
Shower



Wash hands



Brush teeth / dentures



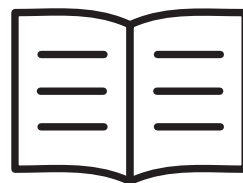
Shave / comb



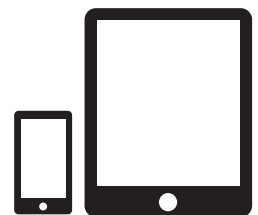
Change clothes



Bag



Book



Mobile phone / tablet