
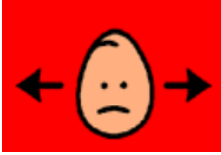

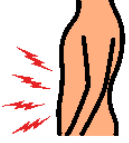
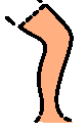






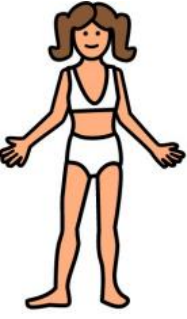
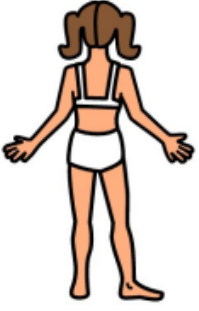
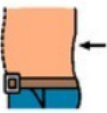





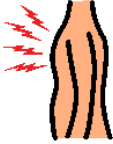



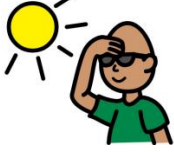

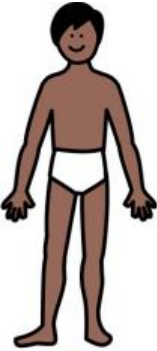
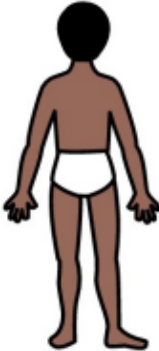
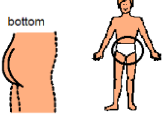

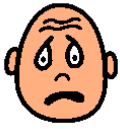





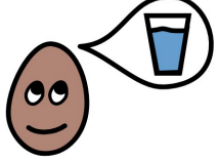
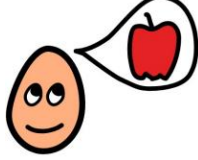







 <b>Yes</b>			 <b>Not sure</b>		<b>No</b> 		
head 	stomach 	leg 	arm 	I feel 	Pain / Sore 	Headache 	Hurt 
hands 			back 	Sick 	Vomit 	Toilet issues 	Can't breathe 
feet / toes 			chest 	Hot 	Cold 	Too Noisy 	Too Bright 
mouth / teeth 			groin bottom 	Happy 	Worried 	Angry 	Sad 
ear 			eye 	Dizzy 	Thirsty 	Hungry 	Tired 

Pain Scale ➔						
	No pain	Slight pain	Mild pain	Moderate pain	Severe pain	Extreme pain

