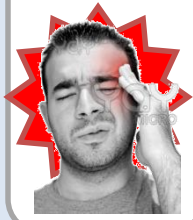


● I AM

SHORT OF BREATH



IN PAIN



CHOKING



FEELING SICK



HUNGRY
THIRSTY



COLD HOT



TIRED



DIZZY



ANGRY



AFRAID



FRUSTRATED



SAD



● I WANT

WATER ICE



TV DVD



LIGHTS ON
/ OFF



FOOD



CARDS



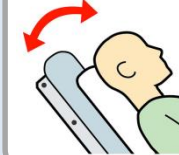
LIE DOWN



SIT UP



HEAD OF BED
UP/DOWN



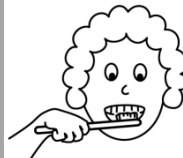
IT QUIET



GLASSES



BRUSH TEETH



BRUSH HAIR



GOTO TOILET



SHAVE



CHOCOLATE



● I WANT TO SEE

DOCTOR



NURSE



FAMILY



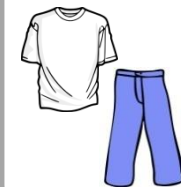
CHAPLAIN



MY
PARTNER



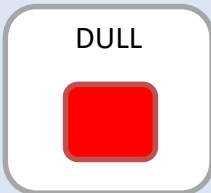
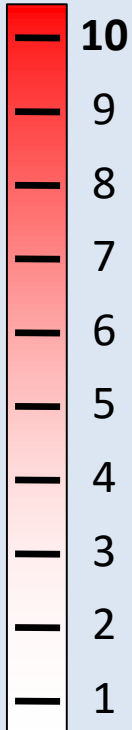
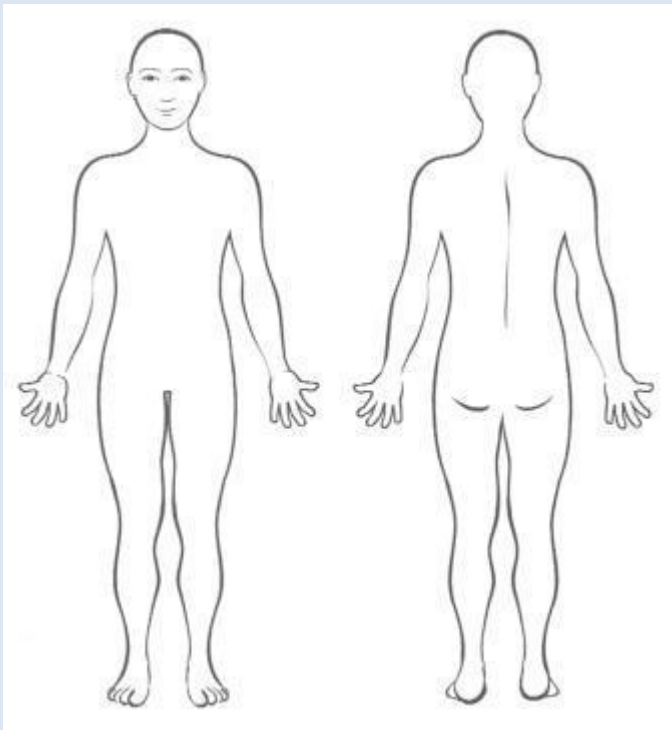
CLOTHES




SHOES





PAIN CHART



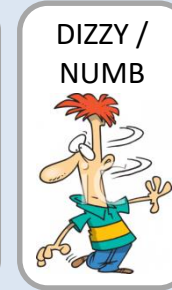
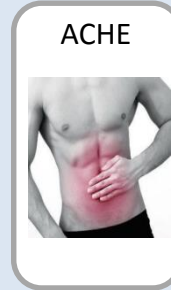
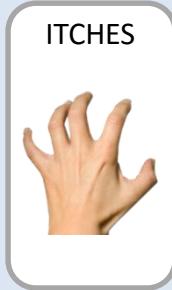
I WANT PAIN MEDICATION

SHOT 

PILL 

TWO PILLS 

THE PAIN IS LIKE



Thank You

Please keep trying



1	2	3
4	5	6
7	8	9
0		

A	B	C	D	E	F	G	H	I
J	K	L	M	N	O	P	Q	R
S	T	U	V	W	X	Y	Z	