



A Good Day For Me





My name is...



My date of birth is...



I am...



A man



A woman

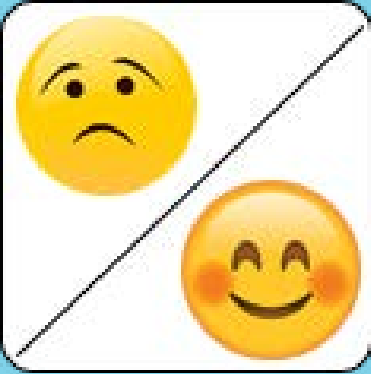


I use my
own term



I live at...





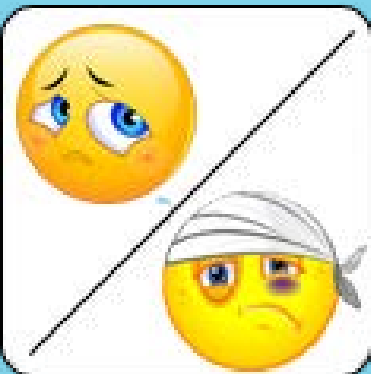
About my mood



About my state of mind



About my nutrition and hydration



About my pain





About my toilet habits



About my mobility



About my skin



About my breathing





About my sleep



About my medication



I take my medication at...



In the morning



In the evening



About my health needs



About my hobbies



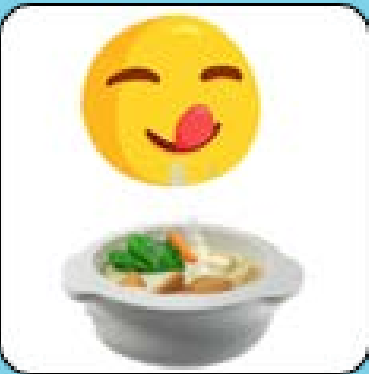
About my friends



About my things

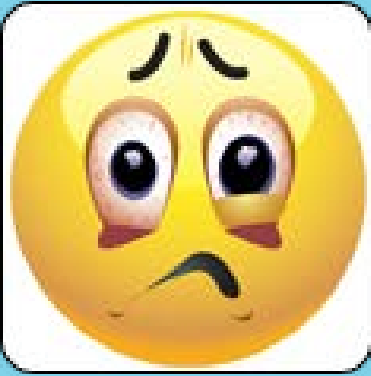


Food I like...





Food I don't like



Things I find stressful



Changes I find difficult

