

Fødselsnr.

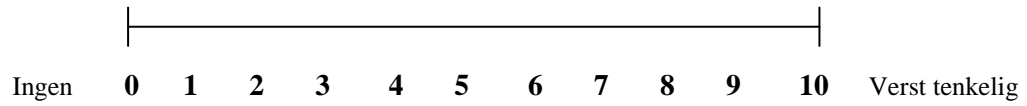
Navn

Dato

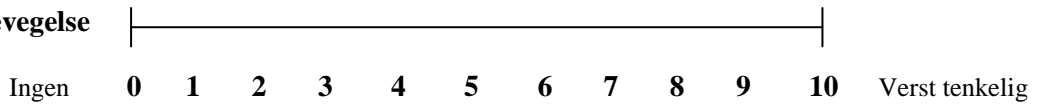
Tidspunkt

Hvordan har du det i dag?

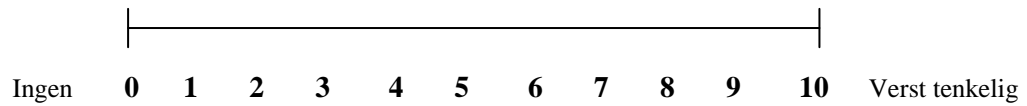
Smerte – i ro



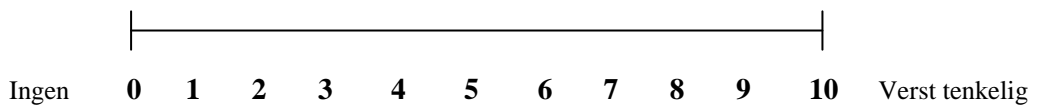
Smerte – ved bevegelse



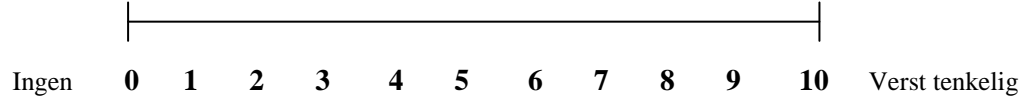
Slapphet



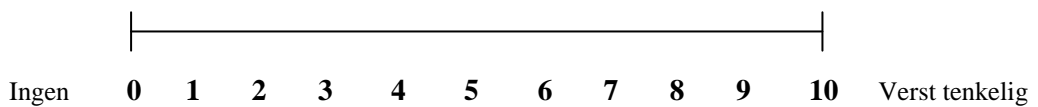
Kvalme



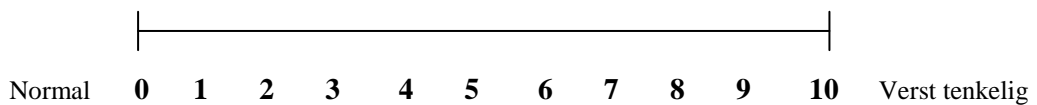
Tungpust



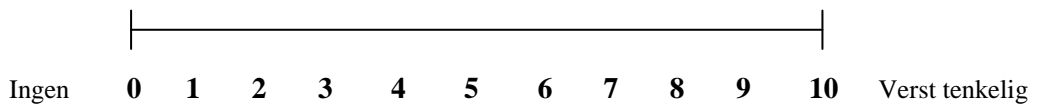
Munntørighet



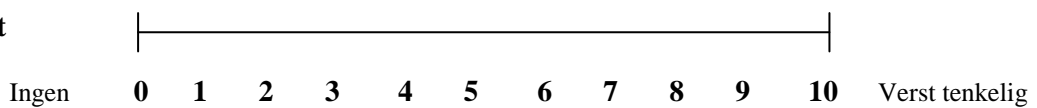
Matlyst



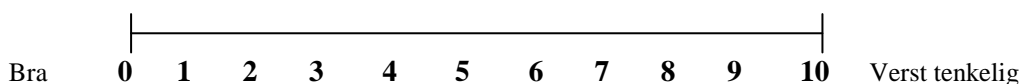
Angst /uro



Trist/deprimert



Alt tatt i betraktning, hvordan har du det i dag?



Utfylt av