



Fødselsnr

Form for birth number (two groups of six boxes)

Navn

Form for name (one long box)

Dato

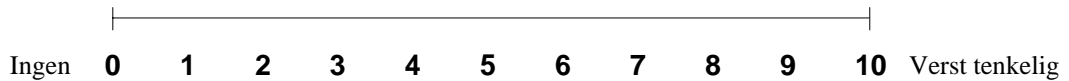
Tidspunkt

Form for date and time (two groups of three boxes)

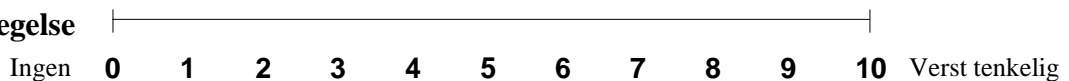
ESAS (Edmonton Symptom Assessment Scale)

Hvordan har du det i dag?

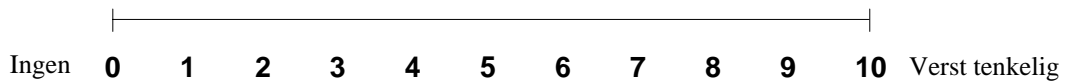
Smerte - i ro



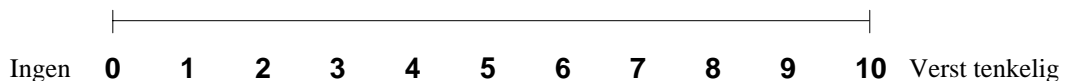
Smerte - ved bevegelse



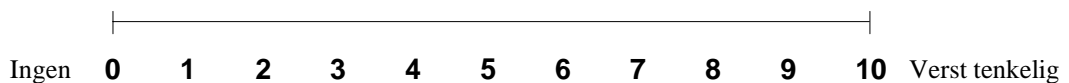
Slapphet



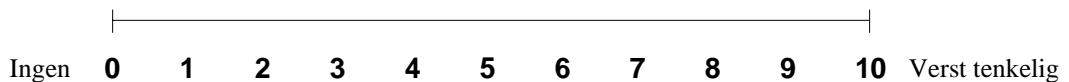
Kvalme



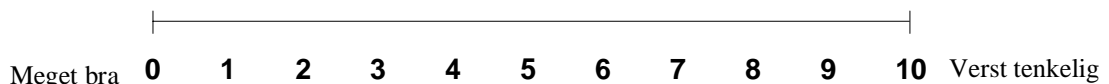
Tungpust



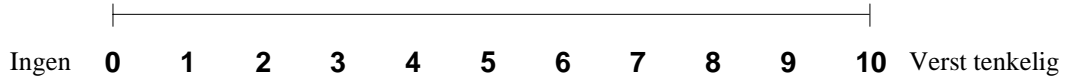
Munntørhet



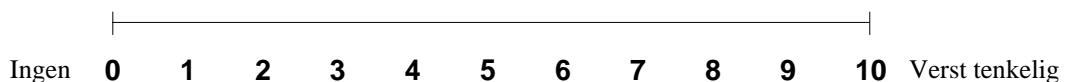
Matlyst



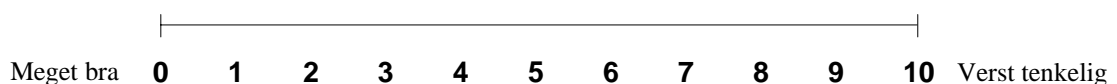
Angst/uro



Trist / deprimert



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



Utfylt av: _____