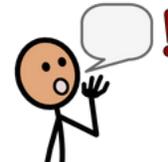
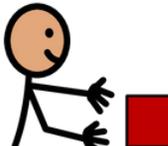
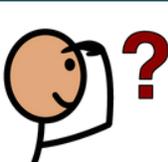
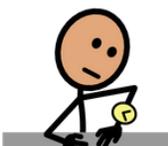
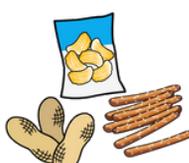


# Tablero de Comunicación de la Salud

 <p>10 9 8 7 6 5 4 3 2 1</p>	 Peor Dolor Posible	 <b>DUELE</b>	 <b>AYUDA</b>	 <b>ALTO</b>	 <b>QUIERO</b>	 <b>¿CUÁNDO?</b>	 <b>ENFERMERA</b>
	 Dolor Severo	 <b>NECESITO UN DESCANSO</b>	 <b>MUCHO RUIDO</b>	 <b>MUCHA LUZ</b>	 <b>NO QUIERO</b>	 <b>¿DÓNDE?</b>	 <b>VACUNA</b>
	 Dolor Moderado	 <b>VALIENTE</b>	 <b>MAS TIEMPO</b>	 <b>BEBIDA</b>	 <b>MERIENDA</b>	 <b>¿QUÉ?</b>	 <b>CURITA</b>
	 Dolor Ligero	 <b>NO SE</b>	 <b>BAÑO</b>	 <b>FAMILIA</b>	 <b>JUGUETE</b>	 <b>¿QUIÉN?</b>	 <b>ESPERA</b>
	 Sin Dolor	 <b>SI</b>	 <b>NO</b>				

# Tablero de Comunicación de la Salud

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	0	1	2	3	4	5	6	7	8	9
.	,	!	?	SI	TALVEZ	NO					