

# 1

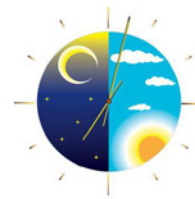
## What is important to you? What do you want to work on?

This section helps you to think about **what your life was like before** your injury or medical event and **what it is like now**.

We would like to know how this change is impacting your everyday life so your rehabilitation team knows **what you need** to be able to do and **what's most important for you**.

### Tell us about your day...

Think about the main things you do in a typical day.



**Morning**



**Day**



**Evening**



**Night**