

PATIENT	HEALTH CARE PROFESSIONAL
60. WHAT IS GOING TO HAPPEN NOW?	72. HOW DO YOU FEEL?
61. WILL I GET BETTER?	73. DO YOU FEEL PAIN?
62. WILL I FEEL PAIN?	74. WHERE IS THE PAIN?
63. WHAT HAPPENS IF I CAN'T BREATHE?	75. DO YOU NEED SOMETHING?
64. WHEN CAN I GO HOME?	76. CAN I INFORM SOMEONE?
65. AM I DYING?	77. CAN I DO SOMETHING FOR YOU?
66. WHAT ARE THE RESULTS?	78. ARE YOU SHORT OF BREATHE?
67. WHY CAN'T I RECEIVE VISITORS?	79. DO YOU WANT THE OXYGEN DEVICE?
68. CAN I THINK ABOUT IT, PLEASE?	80. DO YOU WANT MEDICATION?
69. WHAT TIME IS IT?	81. ARE YOU COLD / ARE YOU HOT?
70. WHAT DAY IS IT?	82. DO YOU WANT ANOTHER POSITION IN BED?
71. I HAVE ANOTHER QUESTION	

1st	A	B	C	D	E	F	G
2nd	H	I	J	K	L	M	N
3rd	O	P	Q	R	S	T	.
4th	U	V	W	X	Y	Z	?

NOT CORRECT

SPACE

TURN CARD



0	1	2	3	4	5	6	7	8	9	10
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YES

DON'T KNOW

NO