

PATIENT			HEALTH CARE PROFESSIONAL
I AM	I HAVE - I AM	I WANT	I AM GOING TO
1. SHORT OF BREATH	13. PAIN	24. OXYGEN	39. MEASURE TEMPERATURE
2. AFRAID	14. PAIN IN MY BELLY	25. TO LIE DIFFERENTLY	40. GIVE MEDICINE
3. HAPPY	15. A HEADACHE	26. TO ASK SOMETHING	41. TURN ON / OFF VENTILATION
4. ANGRY	16. PRESSURE IN MY CHEST	27. MORE EXPLANATION	42. GIVE OXYGEN
5. SAD	17. A DRY MOUTH / THIRSTY	28. TO DRINK	43. APPLY SUCTION
6. NAUSEOUS	18. HUNGRY	29. TO EAT	44. MEASURE BLOOD PRESSURE
7. TIRED	19. MUCUS IN MY THROAT	30. TO PEE / TO POO	45. CHANGE YOUR POSITION IN BED
8. LONELY	20. COLD	31. LIGHTS ON / OFF	46. PUT YOU ON THE I.V.
9. WORRIED	21. HOT	32. TV ON / OFF	47. PLACE A CATHETER
10. CONFUSED	22. AN ITCH	33. DOCTOR	48. TAKE A BLOOD SAMPLE
11. NOT FEELING WELL	23. ENOUGH	34. HELP	49. GET A DOCTOR
12. BORED		35. TO RECEIVE VISITORS	50. ASK A QUESTION
		36. TO CALL / TELEPHONE	51. TELL YOU MORE
		37. TO GO HOME	52. TOUCH YOU / WASH YOU
		38. THE LETTER CARD	53. CALL SOMEONE FOR YOU

YES

MORE

DON'T KNOW

LESS

NO

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