

1 START HERE / BASIC RESPONSES

YES

NO

WAIT

STOP

I UNDERSTAND YOU

GIVE ME TIME

**ASK YES / NO
QUESTIONS**

**ONE QUESTION AT A
TIME**

REPEAT THAT

SLOWER, PLEASE

I KNOW WHAT I WANT TO SAY

THAT IS NOT WHAT I MEANT

2 URGENT / BREATHING / SWALLOWING

HELP NOW

I CANNOT BREATHE

I AM CHOKING

CALL AN AMBULANCE

SIT ME UP

STOP FEEDING ME

I NEED TO COUGH

I AM SHORT OF BREATH

SEVERE / NEW PAIN

I NEED MEDICAL HELP

NOW

NOT URGENT

3 PAIN / BODY

PAIN: 0–10

HEAD / EYES

NECK / SHOULDERS

BACK

STOMACH

ARMS / HANDS

LEGS / FEET

SHARP / BURNING

ACHING / CRAMPING

NERVE PAIN

PAIN RELIEF

CALL A DOCTOR

4 MOVEMENT / POSITIONING

I AM FREEZING

I AM VERY RIGID

I CANNOT MOVE YET

DO NOT PULL ME

SIT ME UP

LIE ME BACK

TURN ME LEFT

TURN ME RIGHT

**ADJUST MY HEAD /
NECK**

SUPPORT MY ARM

MOVE MY LEGS

STOP THE TRANSFER

5 EYES / LIGHT / NOISE

**MY EYES WILL NOT
OPEN**

CLEAN MY EYES

EYE WIPES

PRISM GLASSES

FL-41 GLASSES

EYE MASK

TOO BRIGHT

DIM THE LIGHTS

TOO LOUD

I NEED QUIET

**PLEASE DO NOT TOUCH
ME**

STAY NEARBY

6 TOILET / COMFORT / CARE

TOILET NOW

I NEED TO URINATE

**I NEED A BOWEL
MOVEMENT**

I AM CONSTIPATED

**I NEED CLEANING /
CHANGING**

CLOSE THE DOOR

COVER ME

I NEED PRIVACY

MOVE THE CUSHION

BLANKET

I NEED TO REST

DO NOT RUSH ME

7 MEDICINE / FOOD / DRINK

MEDICINE NOW

CHECK THE TIME

PAIN RELIEF

I ALREADY TOOK IT

CHECK MY MEDICINES

I FEEL NAUSEOUS

FOOD

SOFTER FOOD

SMALLER BITES

A DRINK

SLOWER

I HAVE FINISHED

8 FEELINGS / PEOPLE / CHOICES

I AM SCARED

I AM FRUSTRATED

I AM OVERWHELMED

I NEED REASSURANCE

STAY WITH ME

PLEASE GIVE ME SPACE

I NEED MY SPOUSE

I WANT MY CARER

I AM STILL ME

PLEASE INCLUDE ME

LET ME CHOOSE

I LOVE YOU

9 LETTERS / NUMBERS

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	SPACE	DELETE
DONE	0	1	2	3	4	5
6	7	8	9			