



MEDICAL DIAGNOSIS INTERPRETER



Point, mark, translate & communicate +



www.gayther.com

Gayther is the trading name of Ovester Limited, a company registered in England and Wales under registration number 06250776, and our registered office is at 2 Ambleside Avenue, London, SW16 6AD, United Kingdom. Our principal place of business is at Ovester, Kemp House, 152-160 City Road, London, EC1V 2NX, United Kingdom.

GDI282021-05

AROUND SWITZERLAND

Edition





In our hour of need, our words and how we communicate can be the difference between life and death. Quickly express how you are feeling to get the help and support you need.

Stay safe, protected and return home safely

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Conversion Table

MASS	
microgram (mcg) / milligram (mg) / gram (g)	
500mcg	0.5mg
600mcg	0.6mg
700mcg	0.7mg
800mcg	0.8mg
900mcg	0.9mg
1mg	0.001g
500mg	0.5g
600mg	0.6g
700mg	0.7g
800mg	0.8g
900mg	0.9g
1g	1g

VOLUME	
teaspoon (tsp) / tablespoon (tbsp) / millilitre (ml) / litre (l)	
1 tsp	6ml
1 tbsp	3tsp or 15ml
100ml	0.1l
200ml	0.2l
300ml	0.3l
400ml	0.4l
500ml	0.5l
600ml	0.6l
700ml	0.7l
800ml	0.8l
900ml	0.9l
1l	1l

TEMPERATURE			
celsius (°C) / fahrenheit (°F)			
38°C	100.4°F	41.5°C	106.7°F
38.5°C	101.3°F	42°C	107.6°F
39°C	102.2°F	42.5°C	108.5°F
39.5°C	103.1°F	43°C	109.4°F
40°C	104°F	43.5°C	110.3°F
40.5°C	104.9°F	44°C	111.2°F
41°C	105.8°F	44.5°C	112.1°F

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THREE ELEMENTS OF INFORMATION THAT COULD SAVE YOUR LIFE

When in need of medical assistance, receiving treatment or in the event of an emergency, getting help is crucial. Communicating your current state of health, allergies or pre-existing medical conditions quickly to a medical professional can be a matter of life and death. This situation can be made worse when travelling and speaking to non-native English speakers. Medically trained individuals can provide you with the urgent care you need but who might be struggling to understand what is being explained to them. To help you in this situation, we created the Medical Diagnosis Interpreter (MDI).

The MDI is an innovative way in which you only need to point or mark how you are thinking and feeling, using the many illustrations and translated terms. The tool enables the medical professional to use what is being shown to them to help them diagnose any underlying problems. The MDI is grouped in logical sections. Some can be completed before seeking medical attention (sections A, B, C, D and H). The remaining sections can be used during an emergency (section E, F and G). All of the vital information needed to help the medical professional make an informed diagnosis. A diagnosis that will ultimately help in treating the condition, virus or illness.

A successful diagnosis typically requires three elements of crucial information: -

- Details of any pains, conditions or symptoms you have been experiencing, what hurts, where and for how long
- Any medications you have already taken and how long ago
- Any allergies, pre-existing conditions and important information about you to help with the diagnosis and treatment

DRUGS / MEDICATION USED G

medizin verwendet | médicament utilisé | medicina usata

PAIN <input type="checkbox"/>	SYMPTOM <input type="checkbox"/>	MEDICATION <input type="checkbox"/>	DURATION <input type="checkbox"/>	MEASUREMENT <input type="checkbox"/>	
MINUTES <input type="checkbox"/>	HOURS <input type="checkbox"/>	WEEKS <input type="checkbox"/>	MONTHS <input type="checkbox"/>	HUNDREDS <input type="checkbox"/>	THOUSANDS <input type="checkbox"/>

Any medications taken in the past 24 hours

<input type="checkbox"/> PARACETAMOL <p style="font-size: 10px; margin-top: 5px;">paracetamol paracétamol paracetamol</p>	<input type="checkbox"/> IBUPROFEN <p style="font-size: 10px; margin-top: 5px;">ibuprofen ibuprofène ibuprofene</p>	<input type="checkbox"/> CANNABIS <p style="font-size: 10px; margin-top: 5px;">cannabis cannabis canapa</p>
<input type="checkbox"/> ANTIBIOTICS <p style="font-size: 10px; margin-top: 5px;">antibiotika antibiotiques antibiotici</p>	<input type="checkbox"/> ASPIRIN <p style="font-size: 10px; margin-top: 5px;">aspirin aspirine aspirina</p>	<input type="checkbox"/> OTHER <hr style="border-top: 1px dashed #ccc;"/> <hr style="border-top: 1px dashed #ccc;"/> <hr style="border-top: 1px dashed #ccc;"/>

(tsp)

teaspoon

teelöffel | cuillère à café | cucchiaino

(tbsp)

tablespoon

esslöffel | cuillère à soupe | cucchiaio

(ml)

millilitre

milliliter | millilitre | millilitro

(l)

litre

liter | litre | litro

(mcg)

microgram

mikrogramm | microgramme | microgrammo

(mg)

milligram

milligramm | milligramme | milligrammo

(g)

gram

gramm | gramme | grammo

(-)

other

andere | autre | altro

F SYMPTOMS



symptom | symptôme | sintomo

- 1
ONE
- 2
TWO
- 3
THREE
- 4
FOUR
- 5
FIVE
- 6
SIX
- 7
SEVEN
- 8
EIGHT
- 9
NINE
- 10
TEN

TREMBLING / TINGLING



zittern / kribbeln |
tremblements /
picotements |
tremante / formicolio

LOSS OF BALANCE



instabil /
gleichgewichtsverlust
| instable / perte
d'équilibre | instabile
/ perdita di equilibrio

VOMIT / NAUSEA

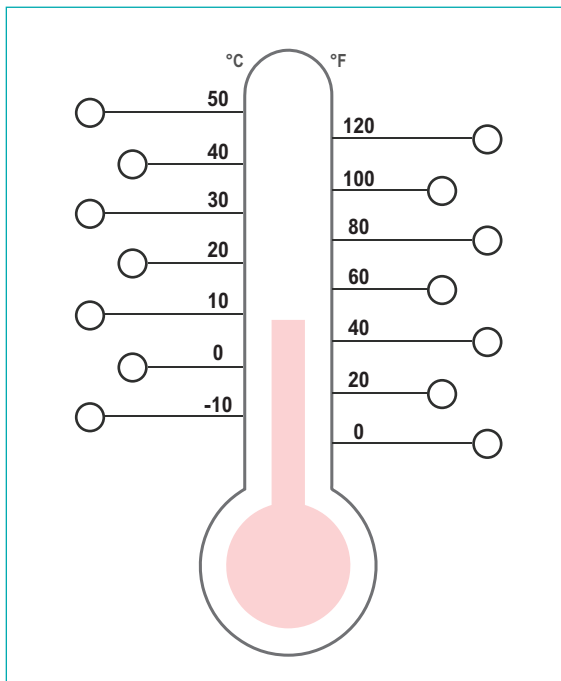


erbrechen / übelkeit |
vomissements /
nausées | vomito /
nausea

WEAK / LACK OF ENERGY



schwach /
energiemangel |
faible / manque
d'énergie | debole /
mancanza di energia



HIGH TEMPERATURE

hohe temperatur | haute température | alta
temperatura

OTHER

ABOUT THE AROUND SWITZERLAND EDITION

The around Switzerland edition uses translated terms for three of the most common and spoken languages in Switzerland. The information below outlines all of the featured languages and the regions in which they are spoken



FLAG	LANGUAGE	LANGUAGE SPOKEN IN
	German (de)	Cantons of Aargau, Appenzell Ausserrhoden, Appenzell Innerrhoden, Basel-Landschaft, Basel-Stadt, Bern, Fribourg, Glarus, Graubünden; Grisons, Luzern, Nidwalden, Obwalden, Schaffhausen, Schwyz, Solothurn, St. Gallen, Thurgau, Uri, Valais, Zug, Zürich
	French (fr)	Cantons of Bern, Fribourg, Geneva, Jura, Neuchâtel, Valais, Vaud
	Italian (it)	Cantons of Graubünden; Grisons, Ticino

A PERSONAL INFORMATION

persönliche angaben | informations personnelles | informazione personale

NAME

name | prénom | nome

NATIONALITY

staatsangehörigkeit
| nationalité | nazionalità

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--




AGE

alter | âge | età

--	--	--	--

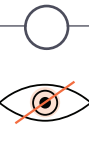

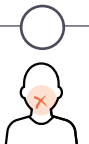
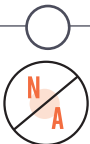
GENDER

geschlecht | le genre | genere

		
MALE	FEMALE	OTHER
männlich mâle maschio	weiblich femelle femmina	andere autre altro

SPECIAL REQUIREMENTS

besondere anforderungen | besoins spéciaux | requisiti speciali

			
BLIND	DEAF	MUTE	NOT APPLICABLE
unable or have difficulty seeing	unable or have difficulty hearing	unable or have difficulty speaking	
blind (unfähig oder schwer zu sehen) aveugle (incapable ou ayant du mal à voir) cieco (incapace o con difficoltà a vedere)	gehörlos (unfähig oder schwerhörig) sourd (incapable ou ayant des difficultés à entendre) sordo (incapace o con difficoltà di udito)	stumm (nicht in der lage oder schwer zu sprechen) muet (incapable ou a du mal à parler) muto (incapace o con difficoltà a parlare)	unzutreffend n'est pas applicable non applicabile



PAIN

SYMPTOM

MEDICATION

DURATION

MEASUREMENT

MINUTES


















HOURS

WEEKS

MONTHS

I feel or have...

ich fühle oder habe | je ressens ou j'ai | sento o ho

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACHES / PAINS	ANXIETY	BLURRED / FOGGY
		
schmerzen aches / pains dolori / dolori	angst anxiété ansia	verschommen / neblig flou / brumeux sfocato / nebbioso
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROKEN / STRAINED	BURNS	CHILLS / SHIVERING
		
gebrochen / angespannt cassé / tendu rotto / teso	brennt brûlures ustioni	schüttelfrost / zittern frissons / frissons brividi / brividi
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFUSED	COUGH	DRY / THIRSTY
		
verwirrt confus confuso	husten toux tosse	trocken / durstig sec / assoiffé secco / assetato
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FATIGUE / DROWSY	IRRITABLE	LIGHTHEADED / DIZZY
		
müdigkeit / schläfrigkeit fatigue / somnolence stanchezza / sonnolenza	reizbar irritable irritabile	benommenheit / schwindel étourdi / étourdi vertigini / vertigini
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOSS OF APPETITE	LOSS OR SHORT OF BREATH	RASH / ITCHY
		
appetitverlust perte d'appétit perdita di appetito	verlust oder atemnot perte ou essoufflement perdita o mancanza di respiro	hautausschlag / juckreiz éruption cutanée / démangeaisons eruzione cutanea / prurito
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SORE / SWOLLEN	SWEATING / WARM	
		
wund / geschwollen douloureux / enflé dolorante / gonfio	sweating / warm transpiration / chaud sudorazione / caldo	

F SYMPTOMS



symptom | symptôme | sintomo



I cannot...

ich kann nicht | je ne peux pas | non posso

<input type="checkbox"/>	BREATH	<input type="checkbox"/>	SWALLOW	<input type="checkbox"/>	SMELL
	atem souffle respiro		schlucken avaler ingoiare		geruch odeur odore
<input type="checkbox"/>	TASTE	<input type="checkbox"/>	SEE / VISION	<input type="checkbox"/>	HEAR
	geschmack goût gusto		sehen / sehen see / vision vedere / visione		hören entendre sentire
<input type="checkbox"/>	FEEL	<input type="checkbox"/>	PASS URINE	<input type="checkbox"/>	PASS A BOWEL
	fühlen ressentir sentire		urin geben passer l'urine urinare		einen darm passieren passer un intestin passare un intestino
<input type="checkbox"/>	MOVE	<input type="checkbox"/>	WALK	<input type="checkbox"/>	TALK
	bewegung bouge toi mossa		gehen marche camminare		sich unterhalten parler parlare
<input type="checkbox"/>	LIFT				
	aufzug ascenseur sollevamento				

ALLERGIES

for detailed allergies see section B

allergien | allergies | allergie

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	ja oui sì		nein non no

BLOOD GROUP




blutgruppe | groupe sanguin | gruppo sanguigno




A POSITIVE	A NEGATIVE	AB POSITIVE	AB NEGATIVE
a positiv un positif un positivo	ein negativ un négatif a negativo	ab positive ab positif ab positivo	ab negative ab négatif ab negativo
B POSITIVE	B NEGATIVE	O POSITIVE	O NEGATIVE
b positiv b positif b positivo	b negativ b négatif b negativo	o positiv o positif o positivo	o negativ o négatif o negativo
UNKNOWN			
unbekannt inconnu sconosciuto			

B ALLERGIES

allergien | allergies | allergie

Please mark or tick (✓) -all of the allergies you have or have had in the past. Any allergies you may have can have a severe impact on any treatment or medication you receive.

<input type="checkbox"/>	PENICILLIN	<input type="checkbox"/>	ASPIRIN	<input type="checkbox"/>	CHEMICAL
	penicillin pénicilline penicillina		aspirin aspirine aspirina		chemisch chimique chimico

<input type="checkbox"/>	POLLEN	<input type="checkbox"/>	DUST	<input type="checkbox"/>	MOULD
	pollen pollen polline		staub poussière polvere		schimmel moule muffa

<input type="checkbox"/>	ANIMALS	<input type="checkbox"/>	FISH	<input type="checkbox"/>	DAIRY
	tier animal animale		fisch poisson pesce		molkerei laitier latteria

<input type="checkbox"/>	NUTS	<input type="checkbox"/>	BITE	<input type="checkbox"/>	STING
	nüsse des noisettes noccioline		beißen mordre morso		stachel piquer puntura













<input type="checkbox"/>	OTHER
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	



BACK

zurück | arrière | indietro

PAIN	<input type="checkbox"/>	SYMPTOM	<input type="checkbox"/>	MEDICATION	<input type="checkbox"/>	DURATION	<input type="checkbox"/>	MEASUREMENT	<input type="checkbox"/>
MINUTES	<input type="checkbox"/>	HOURS	<input type="checkbox"/>	WEEKS	<input type="checkbox"/>	MONTHS	<input type="checkbox"/>		

 THROAT kehle gorge gola	 TOOTH zahn dent dente	 NECK hals cou collo	 GLAND drüse glande ghiandola
 BREAST brust sein seno	 SPINE rücken colonne vertébrale colonna vertebrale	 ARM arm bras braccio	 HAND hand main mano
 THIGH schenkel cuisse coscia	 HIP hüfte hanche anca	 FOOT fuß pied piede	 TOE zehe doigt de pied dito del piede

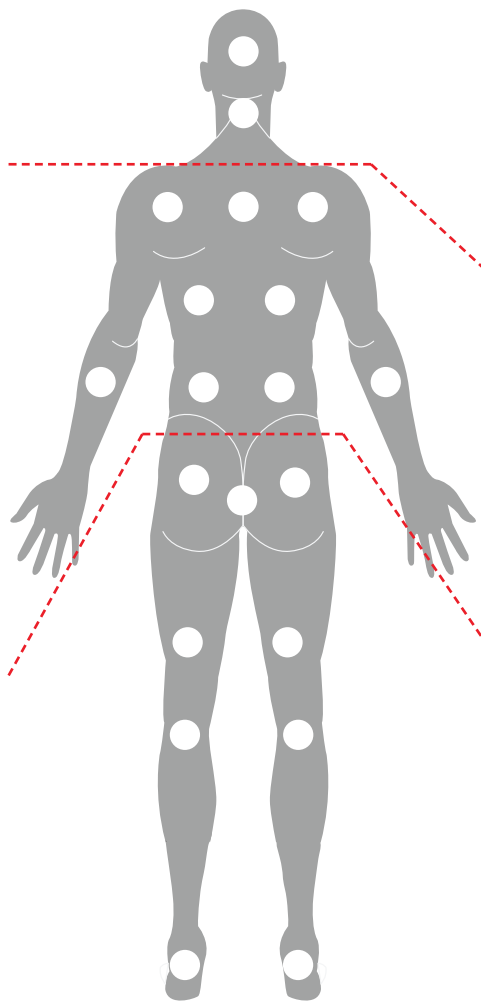
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10
									









schmerz | douleur | dolore












präexistieren | préexister | preesistono

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX	7 SEVEN	8 EIGHT	9 NINE	10 TEN
-----------------	-----------------	-------------------	------------------	------------------	-----------------	-------------------	-------------------	------------------	------------------



 SKULL schädel crâne cranio	 BRAIN gehirn cerveau cervello
 SKIN haut peau pelle	 KIDNEYS nieren reins reni
 BUTTOCKS gesäß fesses natiche	 RECTUM anus anus ano

Please mark or tick (✓) all of the pre-existing medical conditions you have or may have had in the past. If applicable, please circle (○) the relevant type or stage

<input type="checkbox"/> CANCER 1 2 3 4  krebs cancer cancro	<input type="checkbox"/> DIABETES 1 2  diabetes diabète diabete	<input type="checkbox"/> LEUKAEMIA 1 2 3 4  leukämie leucémie leucemia
<input type="checkbox"/> PREGNANCY 0-3 4-6 7-9  schwangerschaft grossesse gravidanzaa	<input type="checkbox"/> ASTHMATIC ASTHMA COPD  asthmatiker asthmatique asmatico	<input type="checkbox"/> LUPUS SLE CLE DLE  lupus lupus lupus
<input type="checkbox"/> HIV / AIDS  hiv / aids vih / sida hiv / aids	<input type="checkbox"/> EPILEPSY  epilepsie épilepsie epilessia	<input type="checkbox"/> MENTAL HEALTH  psychische gesundheit santé mentale salute mentale
<input type="checkbox"/> HEART DISEASE  herzkrankheit maladie cardiaque malattia del cuore	<input type="checkbox"/> HIGH CHOLESTEROL hoher cholesterinspiegel taux de cholestérol élevé colesterolo alto	<input type="checkbox"/> HIGH BLOOD PRESSURE  blutdruck tension artérielle pressione sanguigna
<input type="checkbox"/> OTHER _____ _____ _____ _____		

D MEDICATION

medikation | des médicaments | medicazione

Please list all of the medications that you frequently take concerning your allergies or pre-existing conditions. Medical professionals must be made aware of any medications that you may take as it will affect decisions relating to any medication prescribed when you seek treatment

	MEDICATION	FREQUENCY	MEASUREMENT
1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

hourly | stündlich | toutes les heures | ogni ora
daily | täglich | du quotidien | quotidiano

tsp | teelöffel | cuillère à café | cucchiaino
tbsp | esslöffel | cuillerée à soupe | cucchiaio
mcg | mikrogramm | microgramme | microgrammo
mg | milligramm | milligramme | milligrammo
g | gramm | gramme | grammo
ml | milliliter | millilitre | millilitro
l | liter | litre | litro



FRONT

vorderseite | de face | davanti

PAIN	<input type="checkbox"/>	SYMPTOM	<input type="checkbox"/>	MEDICATION	<input type="checkbox"/>	DURATION	<input type="checkbox"/>	MEASUREMENT	<input type="checkbox"/>
MINUTES	<input type="checkbox"/>	HOURS	<input type="checkbox"/>	WEEKS	<input type="checkbox"/>	MONTHS	<input type="checkbox"/>		

NOSE

nase | nez | naso

EAR

ohr | oreille | orecchio

MOUTH

mund | bouche | bocca

TONGUE

zunge | langue | lingua

SHOULDER

schulter | épaule | spalla

CHEST

brust | poitrine | il petto

LIVER

leber | foie | fegato

STOMACH

bauch | estomac | stomaco

LEG

bein | jambe | gamba

PELVIS

becken | bassin | bacino

ANKLE

knöchel | cheville | caviglia

HEEL

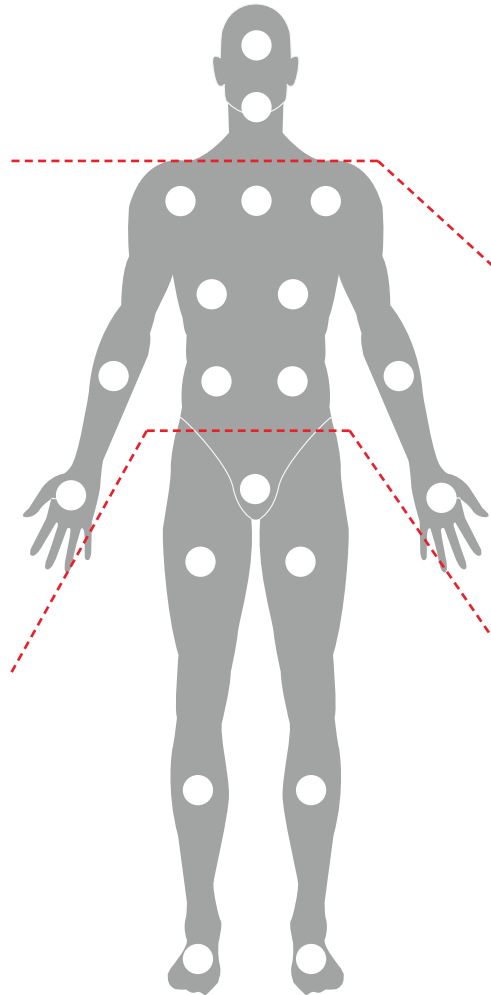
hacke | talon | tacco







1	2	3	4	5	6	7	8	9	10



während eines notfalls | en cas d'urgence | durante un'emergenza

schmerz | douleur | dolore



 <p>HEAD</p> <p>kopf tête capo</p>	 <p>EYE</p> <p>auge œil occhio</p>
 <p>HEART</p> <p>herz cœur cuore</p>	 <p>LUNG</p> <p>lunge poumon polmone</p>
 <p>VAGINA</p> <p>vagina vagin vagina</p>	 <p>PENIS</p> <p>penis pénis pene</p>

The following sections have been designed to help you communicate any pains, symptoms you are experiencing or any medication you have taken when speaking to a medical professional. You can either point or mark the relevant boxes, describing your symptoms quickly and easily using the Medical Diagnosis Interpreter (MDI).

HOW TO COMMUNICATE

Communicating in a four-step process, let us start by going to section E or the areas of pain to begin

Step 1 - Please go to the numbers bar at the top of section E, where you can either point or tick (✓) the number of pains you are experiencing. One for a single area of pain, two for the second pain and so on



Step 2 - When ready to describe your first or only pain, you can either point or tick the region of the body (front or back) or specific body parts where the pain is located. When you have finished highlighting all of the areas, you can either point to the stop or next marker if you have more than one pain. Both markers can found at the top right-hand side of the page



Step 3 – Next, you will need to indicate how long you have been experiencing the pain. You do this by selecting the duration marker, followed by the minutes, hours or days markers (for example, 10 + minutes). If you are trying to describe multiples, such as 30 minutes, you could point to the ten marker three times (e.g., 10 plus 10 plus 10), followed by the minute marker



Step 4 – Finally, we will highlight the pain level on a scale from 1 to 10. If you are suffering multiple pains, go back to the beginning of section E, select two from the number scale to describe the subsequent pain and so on.



You will follow a similar process for symptoms (section F) and any drugs/medication taken (section G). In the medication taken section, you will also be required to use the numbering system to describe measurements, such as 1 + 2 + thousand + mg, which would represent one 2000mg tablet)

Important: During an emergency, you must convey areas of pain, symptoms and any drugs or medication you have taken quickly and efficiently. If a pain, symptom or drug/medication is not listed, write it within the relevant 'other' box, remembering to use BLOCK CAPITAL letters. Providing any information that is not listed helps the medical professional to look it up and translate the terms quickly to form a diagnosis

1 ONE	2 TWO	3 THREE	4 FOUR	5 FIVE	6 SIX	7 SEVEN	8 EIGHT	9 NINE	10 TEN
eins un uno	zwei deux due	drei trois tre	vier quatre quattro	fünf cinq cinque	sechs six sei	sieben sept sette	acht huit otto	neun neuf nove	zehn dix dieci

PAIN	schmerz douleur dolore	HOURS	stunde heure ora
SYMPTOM	symptom symptôme sintomo	WEEKS	woche la semaine settimana
MEDICATION	medikation des médicaments medicazione	MONTHS	monat mois mese
DURATION	dauer durée durata	HUNDREDS	hundert cent centinaio
MEASUREMENT	messung la mesure misurazione	THOUSANDS	tausend mille mille
MINUTES	minute minute minuto	German (de)	French (fr)
		Italian (it)	