



# MEDICAL DIAGNOSIS INTERPRETER



*Point, mark, translate & communicate +*



[www.gayther.com](http://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

**CENTRAL EUROPE**

*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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All of the phrases and terms used in this document are literal translations and have not been validated or verified by a native speaker. All of the illustrations and terms have been designed to support and aid conversations, and any diagnosis carried out by a medical professional. The Medical Diagnosis Interpreter (MDI) is designed for illustrative purposes only and does not constitute advice. Though we have endeavoured to ensure that all of the information used is up-to-date, we do not provide any guarantees to the accuracy and completeness of any information contained within the MDI. By using the MDI you accept you are doing so at your own risk.

## 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

nouzový kontakt | notfallkontakt | vész esetén értesítendő | núdzový kontakt

In the event of an emergency, please contact any of the individuals, insurance companies or other services/providers listed in the sections below. When completing this section, please ensure that you use **BLOCK CAPITALS** (e.g. ABC)

## CONTACT

kontaktní údaje | kontakt-details | elérhetőségeit | kontaktné údaje

<b>NAME</b>									
název   name   név   názov									
<b>TELEPHONE NUMBER</b>									
telefonní číslo   telefonnummer   telefonszám   telefónne číslo									
+			-						
(e.g. 1 - United States)									
<b>COUNTRY CODE</b>					<b>NUMBER</b>				
kód země   landesvorwahl   ország kód   kód krajiny					číslo   nummer   szám   číslo				

## INSURANCE

pojištění | versicherung | biztosítás | poistenie

<b>COMPANY</b>									
společnost   unternehmen   vállalat   spoločnosť									
<b>POLICY NUMBER</b>									
číslo politiky   versicherungsnummer   kötvényszám   číslo politiky									

## OTHER

jiný | andere | más | ostatné


potřebuji pomoci | ich brauche hilfe | segítségre van szükségem | potrebujem pomoc



**EMERGENCY**

nouzový | notfall | vészhelyzet | núdzový



**DOCTOR**

doktor | arzt | orvos | lekář



**MEDICAL TREATMENT**

lékařské ošetření | medizinische  
behandlung | orvosi kezelés |  
lekárske ošetrovanie



**HOSPITAL**

nemocnice | krankenhaus | kórház |  
nemocnica

The information contained in this document is classified as personal and sensitive and should be kept safe at all times. The information should only be viewed by the owner (detailed in Section A), medical professionals or whomever the owner gives expressed permission. In the scenario that this document has been lost and is found, please contact

+			-						
(e.g. 1 - United States)									
<b>COUNTRY CODE</b>					<b>NUMBER</b>				
kód země   landesvorwahl   ország kód   kód krajiny					číslo   nummer   szám   číslo				

# 3

## 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

použitý lék | medizin verwendet | használt gyógyszer | použitý liek

<input type="checkbox"/> 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 checked="" type="checkbox"/> HUNDREDS	<input type="checkbox"/> THOUSANDS

Any medications taken in the past 24 hours

<input type="checkbox"/> <b>PARACETAMOL</b> paracetamol   paracetamol   paracetamol   paracetamol	<input type="checkbox"/> <b>IBUPROFEN</b> ibuprofen   ibuprofen   ibuprofen   ibuprofen	<input type="checkbox"/> <b>CANNABIS</b> konopí   cannabis   kender   konope
<input type="checkbox"/> <b>ANTIBIOTICS</b> antibiotika   antibiotika   antibiotikumok   antibiotiká	<input type="checkbox"/> <b>ASPIRIN</b> aspirin   aspirin   aszpirin   aspirin	
<input type="checkbox"/> <b>OTHER</b> <hr/> <hr/> <hr/>		

**(tsp)**  
teaspoon  
 čajová lžička | teelöffel | teáskanál | čajová lyžička

**(tbsp)**  
tablespoon  
 lžíce | esslöffel | evőkanál | lyžice

**(ml)**  
millilitre  
 millilitru | milliliter | milliliter | milliliter

**(l)**  
litre  
 litr | liter | liter | liter

**(mcg)**  
microgram  
 mikrogram | mikrogramm | mikrogramm | mikrogram

**(mg)**  
milligram  
 miligram | milligramm | milligramm | miligram

**(g)**  
gram  
 gram | gramm | gramm | gram

**(-)**  
other  
 jiný | andere | más | ostatné



příznak | symptom | tünet | symptomt

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

## TREMLING / TINGLING



třes / brnění | zittern /  
kribbeln | remegés /  
bizsergés | chvenie /  
brnenie

## LOSS OF BALANCE



nestabilní / ztráta  
rovnováhy | instabil /  
gleichgewichtsverlust |  
bizonytalan / az  
egyensúly elvesztése |  
nestabilný / strata  
rovnováhy

## VOMIT / NAUSEA

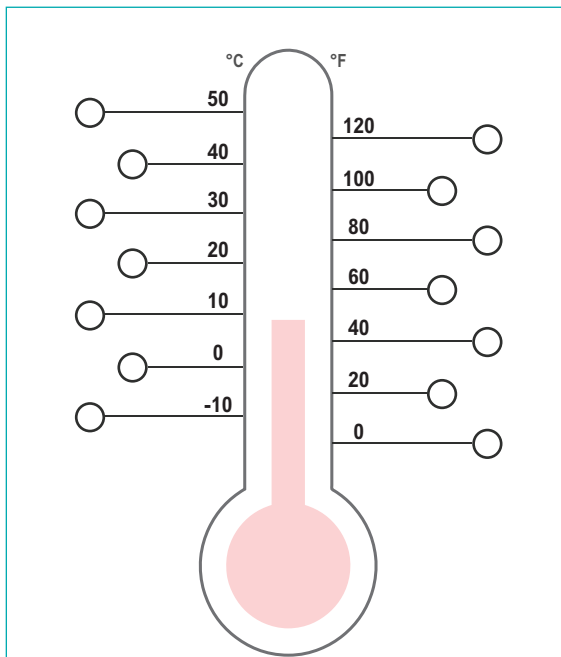


zvracet / nevoľnosť |  
erbrechen / übelkeit |  
hányás / hányinger |  
zvracanie / nevoľnosť

## WEAK / LACK OF ENERGY



slabý / nedostatok  
energie | schwach /  
energiemangel | gyenge  
/ energiahány | slabý /  
nedostatok energie



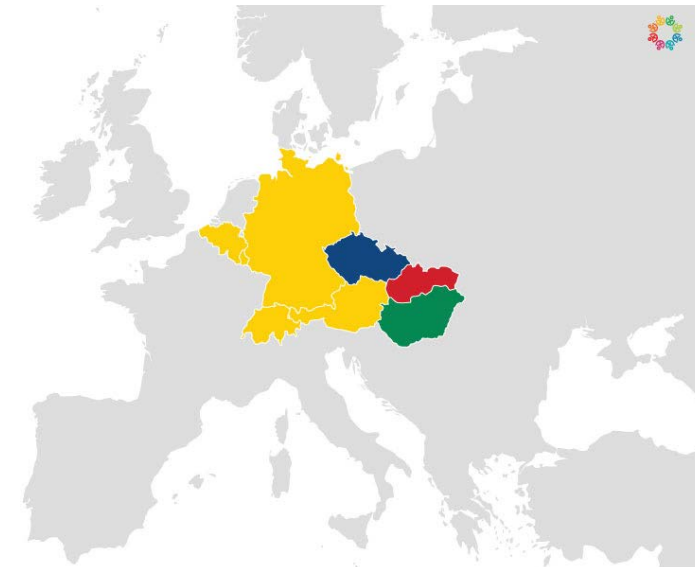
## HIGH TEMPERATURE

vysoká teplota | hohe temperatur | magas hőmérsékletű |  
vysoká teplota

## OTHER

## ABOUT THE CENTRAL EUROPE EDITION

The Central Europe edition uses translated terms for four of the most common and spoken languages in that area or region. The information below outlines all of the featured languages and the countries in which they are spoken



FLAG	LANGUAGE	LANGUAGE SPOKEN IN
	Czech (cz)	Czech Republic
	German (de)	Austria, Belgium, Germany, Liechtenstein, Luxembourg, Switzerland
	Hungarian (hu)	Hungary
	Slovak (sl)	Slovakia

# A PERSONAL INFORMATION

osobní informace | persönliche angaben | személyes adat | osobné informácie

NAME

název   name   név   názov																	

NATIONALITY

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

národnost |  
staatsangehörigkeit |  
állampolgárság |  
národnost'




AGE

--	--	--	--

AGE GENDER  
pohlaví | geschlecht | nem | rod

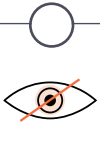

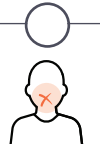
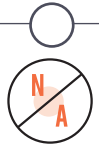
stáří | alter | kor |  
vek

GENDER

		
<b>MALE</b>	<b>FEMALE</b>	<b>OTHER</b>
mužský   männlich   férfi   muž	ženský   weiblich   női   žena	jiný   andere   más   ostatné

## SPECIAL REQUIREMENTS

speciální požadavky | besondere anforderungen | speciális követelmények | speciálne požiadavky

			
<b>BLIND</b>	<b>DEAF</b>	<b>MUTE</b>	<b>NOT APPLICABLE</b>
unable or have difficulty seeing	unable or have difficulty hearing	unable or have difficulty speaking	
slepý (neschopný nebo mít potíže s viděním)   blind (unfähig oder schwer zu sehen)   vak (képtelen vagy nehéz látni)   slepý (neschopný alebo ťažko viditeľný)	neslyšící (neslyšící nebo mají potíže se sluchem)   gehörlös (unfähig oder schwerhörig)   süket (nem képes vagy nehezen hallja)   nepočujúci (neslyšící alebo majú ťažkosti so sluchom)	ztlumit (neschopné nebo obtížné mluvit)   stumm (nicht in der lage oder schwer zu sprechen)   némitás (képtelen vagy nehéz beszélni)   stlmit' (nedokáže alebo má ťažkosti s rozpráváním)	nepoužije se   unzutreffend   nem alkalmazható   nepoužiteľné



PAIN

SYMPTOM

MEDICATION

DURATION

MEASUREMENT

MINUTES


















HOURS

WEEKS

MONTHS

## I feel or have...

cítím se nebo mám | ich fühle oder habe | érzem vagy van | cítim sa alebo mám

<input type="checkbox"/> <b>ACHES / PAINS</b>	<input type="checkbox"/> <b>ANXIETY</b>	<input type="checkbox"/> <b>BLURRED / FOGGY</b>
 bolesti / bolesti   schmerzen   fájdalom   boleť / bolet'	 úzkost   angst   szorongás   úzkost'	 rozmazané / mlhavé   verschwommen / neblig   homályos / ködös   romazané / hmlové
<input type="checkbox"/> <b>BROKEN / STRAINED</b>	<input type="checkbox"/> <b>BURNS</b>	<input type="checkbox"/> <b>CHILLS / SHIVERING</b>
 zlomený / napjatý   gebrochen / angespannt   törött / feszült   zlomený / napnutý	 popáleniny   brennt   égések   popáleniny	 zimnice / chvění   schüttelfrost / zittern   hidegrázás / remegés   zimnica / triaška
<input type="checkbox"/> <b>CONFUSED</b>	<input type="checkbox"/> <b>COUGH</b>	<input type="checkbox"/> <b>DRY / THIRSTY</b>
 zmatený   verwirrt   zavaros   zmätený	 kašel   husten   köhögés   kašel'	 suchý / žízeň   trocken / durstig   száraz / szomjas   suchý / smádný
<input type="checkbox"/> <b>FATIGUE / DROWSY</b>	<input type="checkbox"/> <b>IRRITABLE</b>	<input type="checkbox"/> <b>LIGHTHEADED / DIZZY</b>
 únavá / ospalost   müdigkeit / schläfrigkeit   fáradtság / álmos   únavá / ospalost'	 dráždívý   reizbar   ingerlékeny   dráždívý	 bezhlavý / závratě   benommenheit / schwindel   fejfájás / szédülés   bezhlavý / závraty
<input type="checkbox"/> <b>LOSS OF APPETITE</b>	<input type="checkbox"/> <b>LOSS OR SHORT OF BREATH</b>	<input type="checkbox"/> <b>RASH / ITCHY</b>
 ztráta chuti k jídlu   appetitverlust   étvágytalanság   strata chuti do jedla	 ztráta nebo dech   verlust oder atemnot   veszteség vagy légszomj   strata alebo dýchanie	 vyrážka / svědění   hautausschlag / juckreiz   kiütés / viszketés   vyrážka / svrbenie
<input type="checkbox"/> <b>SORE / SWOLLEN</b>	<input type="checkbox"/> <b>SWEATING / WARM</b>	
 bolavé / oteklé   wund / geschwollen   fájó / duzzadt   boľavé / opuchnuté	 pocení / teplo   sweating / warm   izzadáás / meleg   potenie / teplo	

# F SYMPTOMS
















příznak | symptom | tünet | symptom

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

## I cannot...



nemohu | ich kann nicht | nem tudok | nemőzem

<input type="checkbox"/> BREATH	<input type="checkbox"/> SWALLOW	<input type="checkbox"/> SMELL
 dech   Atem   lehelet   dych	 polykat   schlucken   fecske   prehltnúť	 čich   geruch   szag   vőha
<input type="checkbox"/> TASTE	<input type="checkbox"/> SEE / VISION	<input type="checkbox"/> HEAR
 chuť   geschmack   íz   prichuť	 vidět   vize   sehen / sehen   látás / látás   videnie / videnie	 slyšet   hören   hall   počuť
<input type="checkbox"/> FEEL	<input type="checkbox"/> PASS URINE	<input type="checkbox"/> PASS A BOWEL
 cítiť   fühlen   érez   cítiť	 moč   urin geben   átadja a vizeletet   moč	 projít střevem   einen darm passieren   át egy bél   prejsť črevom
<input type="checkbox"/> MOVE	<input type="checkbox"/> WALK	<input type="checkbox"/> TALK
 hýbat se   bewegung   mozog   s'ahovať	 procházka   gehen   séta   chődza	 mluvit   sich unterhalten   beszélgetés   rozprávať
<input type="checkbox"/> LIFT		
 výtah   aufzug   emel   výtah		

## ALLERGIES

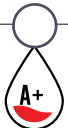



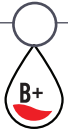
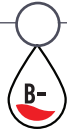
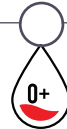
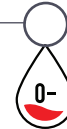

for detailed allergies see section B

alergie | allergien | allergia | alergie

<input type="checkbox"/> YES	<input type="checkbox"/> NO
 ano   ja   igen   áno	 ne   nein   nem   žiadny

## BLOOD GROUP




krevní skupina | blutgruppe | vércsoport | krvná skupina




 <b>A POSITIVE</b> pozitívni   a positiv   egy pozitív   a pozitívne	 <b>A NEGATIVE</b> a negativni   ein negativ   a negativ   a negativne	 <b>AB POSITIVE</b> ab pozitívni   ab positive   ab pozitív   ab pozitívne	 <b>AB NEGATIVE</b> ab negativni   ab negative   ab negativ   ab negativne
 <b>B POSITIVE</b> b pozitívni   b positiv   b pozitív   b pozitívne	 <b>B NEGATIVE</b> b negativni   b negativ   b negativ   b negativne	 <b>O POSITIVE</b> o pozitívni   o positiv   ó, pozitív   o pozitívne	 <b>O NEGATIVE</b> o negativni   o negativ   o negativ   o negativne
 <b>UNKNOWN</b> neznámý   unbekannt   ismeretlen   nevedno			




# B ALLERGIES




alergie | allergien | allergia | alergie

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"/>	<b>PENICILLIN</b>	<input type="checkbox"/>	<b>ASPIRIN</b>	<input type="checkbox"/>	<b>CHEMICAL</b>
	penicilin   penicillin   penicillin   penicilín		aspirin   aspirin   aszpirin   aspirín		chemikálie   chemisch   kémiai   chemický

<input type="checkbox"/>	<b>POLLEN</b>	<input type="checkbox"/>	<b>DUST</b>	<input type="checkbox"/>	<b>MOULD</b>
	pyl   pollen   pollen   pel'		prach   staub   por   prach		plíseň   schimmel   öntőforma   pleseň

<input type="checkbox"/>	<b>ANIMALS</b>	<input type="checkbox"/>	<b>FISH</b>	<input type="checkbox"/>	<b>DAIRY</b>
	zvíře   tier   állat   zvierá		ryba   fisch   hal   ryby		mlékárna   molkerei   tejszarnok   mliekareň

<input type="checkbox"/>	<b>NUTS</b>	<input type="checkbox"/>	<b>BITE</b>	<input type="checkbox"/>	<b>STING</b>
	malice   nüsse   dió   orechy		kousat   beißen   harapás   uhryznutie		bodnutí   stachel   fullánk   bodnutie





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











# BACK

zadni | zurück | hát | spät'

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

			
<b>THROAT</b>	<b>TOOTH</b>	<b>NECK</b>	<b>GLAND</b>
hrdlo   kehle   torok   hrdlo	zub   zahn   fog   zub	krk   hals   nyak   krk	žláza   drüse   mirigy   žľaza

			
<b>BREAST</b>	<b>SPINE</b>	<b>ARM</b>	<b>HAND</b>
prsa   bust   mell   prsník	páteř   rücken   gerinc   chrbtica	paže   arm   kar   paže	ruka   hand   kéz   ručné

			
<b>THIGH</b>	<b>HIP</b>	<b>FOOT</b>	<b>TOE</b>
stehno   schenkel   comb   stehno	hip   hüfte   csípő   bedro	noha   fuß   láb   noha	prst   zehe   lábujj   špička

<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
									

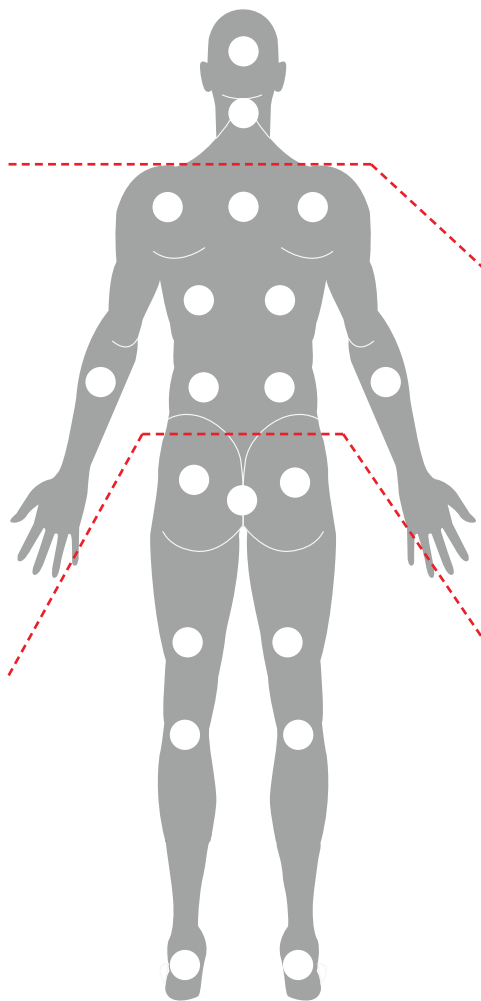





bolest | schmerz | fájdalom | bolest'

existují | präexistieren | preexist | preexist


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






**SKULL**

lebka | schädel |  
koponya | lebka




**BRAIN**

mozek | gehirn | agy |  
mozog




**SKIN**

kůže | haut | bőr | koža




**KIDNEYS**

ledviny | nieren | vese |  
obličky















**BUTTOCKS**

hýždě | gesäß | fenék |  
zadok



**RECTUM**

řitní otvor | anus |  
végbélnyílás | rit'

<input type="checkbox"/> <b>CANCER</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table>  <p>rakovina   krebs   rák   rakovina</p>	1	2	3	4	<input type="checkbox"/> <b>DIABETES</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td></tr> </table>  <p>diabetes   diabetes   cukorbetegség   cukrovka</p>	1	2	<input type="checkbox"/> <b>LEUKAEMIA</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table>  <p>leukémie   leukämie   leukémia   leukémie</p>	1	2	3	4
1	2	3	4									
1	2											
1	2	3	4									
<input type="checkbox"/> <b>PREGNANCY</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>0-3</td><td>4-6</td><td>7-9</td></tr> </table>  <p>těhotenství   schwangerschaft   terhesség   tehotenstvo</p>	0-3	4-6	7-9	<input type="checkbox"/> <b>ASTHMATIC</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>ASTHMA</td><td>COPD</td></tr> </table>  <p>astmatický   astmatiker     asztmás   astmatik</p>	ASTHMA	COPD	<input type="checkbox"/> <b>LUPUS</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>SLE</td><td>CLE</td><td>DLE</td></tr> </table>  <p>lupus   lupus   lupus   lupus</p>	SLE	CLE	DLE		
0-3	4-6	7-9										
ASTHMA	COPD											
SLE	CLE	DLE										
<input type="checkbox"/> <b>HIV / AIDS</b>  <p>hiv / aids   hiv / aids   hiv / aids   hiv / aids</p>	<input type="checkbox"/> <b>EPILEPSY</b>  <p>epilepsie   epilepsie   epilepszia   epilepsie</p>	<input type="checkbox"/> <b>MENTAL HEALTH</b>  <p>duševní zdraví   psychische gesundheit   mentális egészség   mentálne zdravie</p>										
<input type="checkbox"/> <b>HEART DISEASE</b>  <p>srdeční choroba   herzkrankheit   szívbetegség   ochorenie srdca</p>	<input type="checkbox"/> <b>HIGH CHOLESTEROL</b>  <p>vysoký cholesterol   hoher cholesterinspiegel   magas koleszterin   vysoký cholesterol</p>	<input type="checkbox"/> <b>HIGH BLOOD PRESSURE</b>  <p>krevní tlak   blutdruck   véryomás   krvny' tlak</p>										
<input type="checkbox"/> <b>OTHER</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>												

# D MEDICATION

léky | medikation | gyógyszer | liečenie

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
	léky   medikation   gyógyszer   liečenie	frekvence   frequenz   frekvencia   frekvencia	měření   messung   mérés   meranie
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"/>
	HOURLY   DAILY		TSP   TBSP   MCG   MG   G   ML   L
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"/>
	HOURLY   DAILY		TSP   TBSP   MCG   MG   G   ML   L
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"/>
	HOURLY   DAILY		TSP   TBSP   MCG   MG   G   ML   L
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"/>
	HOURLY   DAILY		TSP   TBSP   MCG   MG   G   ML   L
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"/>
	HOURLY   DAILY		TSP   TBSP   MCG   MG   G   ML   L
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"/>
	HOURLY   DAILY		TSP   TBSP   MCG   MG   G   ML   L

hourly | hodinově | stündlich | óránkénti | hodinový  
daily | denně | täglich | napi | denná

tsp | čajová lžička | teelöffel | teáskanál | čajová lyžička  
tbsp | lžíce | esslöffel | evőkanál | lyžice  
mcg | mikrogram | mikrogramm | mikrogramm | mikrogram  
mg | miligram | milligramm | milligramm | milligram  
g | gram | gramm | gramm | gram  
ml | mililitru | milliliter | milliliter | milliliter  
l | liter | liter | liter | liter



# FRONT

přední | vorderseite | elülső | predné

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

<b>NOSE</b>	<b>EAR</b>	<b>MOUTH</b>	<b>TONGUE</b>
nos   nase   orr   nos	ucho   ohr   fül   ucho	pusa   mund   száj   ústa	jazyk   zunge   nyelv   jazyk

<b>SHOULDER</b>	<b>CHEST</b>	<b>LIVER</b>	<b>STOMACH</b>
rameno   schulter   váll   rameno	hrud'   brust   mellkas   hrud'	játra   leber   máj   pečeň	žaludek   bauch   gyomor   žalúdok

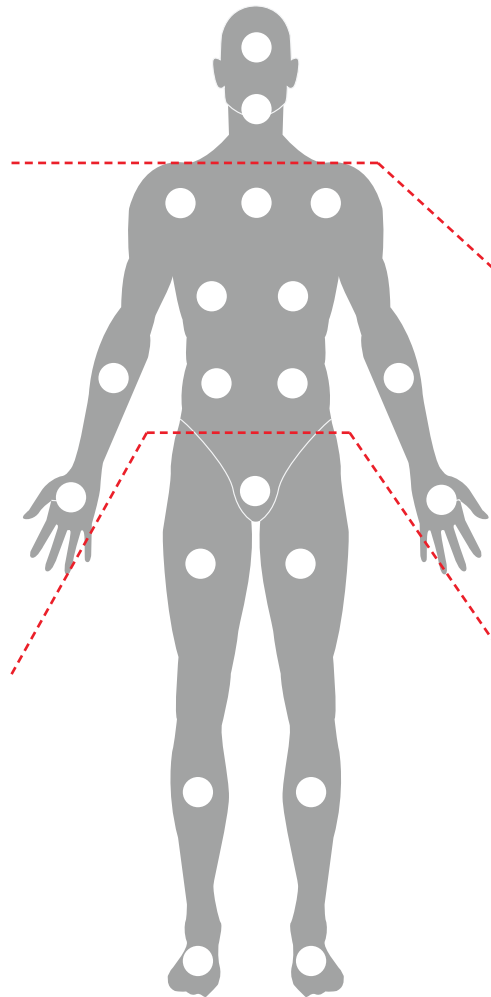
<b>LEG</b>	<b>PELVIS</b>	<b>ANKLE</b>	<b>HEEL</b>
noha   bein   láb   noha	pánev   becken   kismedence   panva	kotník   knöchel   boka   členok	pata   hacke   sarok   páta







<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



bolest | schmerz | fájdalom | bolest'

během nouze | während eines notfalls | vészhelyzetben | počas stavu núdze



 <p><b>HEAD</b></p> <p>hlava   kopf   fej   hlava</p>	 <p><b>EYE</b></p> <p>oko   auge   szem   očné</p>
 <p><b>HEART</b></p> <p>srdce   herz   szív   srdce</p>	 <p><b>LUNG</b></p> <p>plíce   lunge   tüdő   plúco</p>
 <p><b>VAGINA</b></p> <p>vagina   vagina   hüvely   vagina</p>	 <p><b>PENIS</b></p> <p>penis   penis   hímvessző   penis</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).

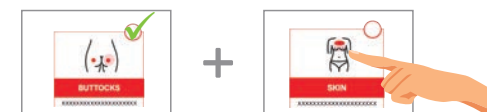
## HOW TO COMMUNICATE

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
jeden eins egy jeden	dva zwei kettő dva	tři drei három tri	čtyři vier négy štyri	pět fünf öt pät'	šest sechs hat šest'	sedm sieben hét sedem	osm acht nyolc osem	devět neun kilenc devät'	deset zehn tíz desat'

<b>PAIN</b>	bolest   schmerz   fájdalom   bolest'	<b>HOURS</b>	hodina   stunde   óra   hodina
<b>SYMPTOM</b>	příznak   symptom   tünet   symptom	<b>WEEKS</b>	týden   woche   hét   týždeň
<b>MEDICATION</b>	léky   medikation   gyógyszer   liečenie	<b>MONTHS</b>	měsíc   monat   hónap   mesiac
<b>DURATION</b>	doba trvání   dauer   tartam   trvanie	<b>HUNDREDS</b>	sto   hundert   száz   sto
<b>MEASUREMENT</b>	měření   messung   mérés   meranie	<b>THOUSANDS</b>	tisíc   tausend   ezer   tisíc
<b>MINUTES</b>	minuta   minute   perc   minúta		

Czech (cz)

German (de)

Hungarian (hu)

Slovak (sl)