



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

NORTHEAST ASIA

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

緊急連絡 | 긴급 연락처 | 紧急联系人 | экстренный контакт

私は助けが必要です | 도움이 필요해. | 我需要帮助 | мне нужна помощь

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 連絡先の詳細 | 연락처 | 联系方式 | контактная информация

NAME									
名 이름 名称 имя									
TELEPHONE NUMBER									
電話番号 전화 번호 电话号码 номер телефона									
+				-					
	<small>(e.g. 1 - United States)</small>								
COUNTRY CODE				NUMBER					
国コード 국가 코드 国家代码 код страны				数 번호 数 номер					

INSURANCE 保険 | 보험 | 保险 | страхование

COMPANY									
会社 회사 公司 компания									
POLICY NUMBER									
規約の番号 정책 번호 保单号码 номер полиса									

OTHER その他 | 다른 | 其他 | другие



EMERGENCY

緊急 | 비상 사태 | 急 | крайняя необходимость



DOCTOR

医師 | 의사 | 医生 | врач



MEDICAL TREATMENT

医療 | 치료 | 药物治疗 | медицинское лечение



HOSPITAL

病院 | 병원 | 醫院 | больница

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

+				-					
	<small>(e.g. 1 - United States)</small>								
COUNTRY CODE				NUMBER					
国コード 국가 코드 国家代码 код страны				数 번호 数 номер					

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

使用した薬 | 사용된 약 | 用药 | лекарство используется

<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"/> PARACETAMOL パラセタモール 파라세타몰 扑热息痛 парацетамол	<input type="checkbox"/> IBUPROFEN イブプロフェン 이부프로펜 布洛芬 ибупрофен	<input type="checkbox"/> CANNABIS 大麻 대마초 麻 конопля
<input type="checkbox"/> ANTIBIOTICS 抗生物質 항생제 抗生素类 антибиотики	<input type="checkbox"/> ASPIRIN アスピリン 아스피린 阿司匹林 аспирин	
<input type="checkbox"/> OTHER <hr/> <hr/> <hr/>		

(tsp)

 teaspoon
 ティースプーン | 티스푼 | 茶匙 | чайная ложка

(tbsp)

 tablespoon
 대さじ | 큰스푼 | 汤匙 | столовая ложка

(ml)

 millilitre
 밀리리터 | 밀리리터 | 毫升 | миллилитр

(l)

 litre
 리터 | 리터 | 升 | литр

(mcg)

 microgram
 마이크로그램 | 마이크로그램 | 微克 | микрограмм

(mg)

 milligram
 밀리그램 | 밀리그램 | 毫克 | миллиграмм

(g)

 gram
 그램 | 그램 | 公克 | грамм

(-)

 other
 その他 | 다른 | 其他 | другие

F SYMPTOMS



症状 | 징후 | 症状 | СИМПТОМ

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

TREMBLING / TINGLING



震え/うずき | 떨림 / 따끔
거림 | 发抖/发麻 |
дрожь /
покалывание

LOSS OF BALANCE



不安定 | 불안정 | 不穩定
| потеря
баланса

VOMIT / NAUSEA

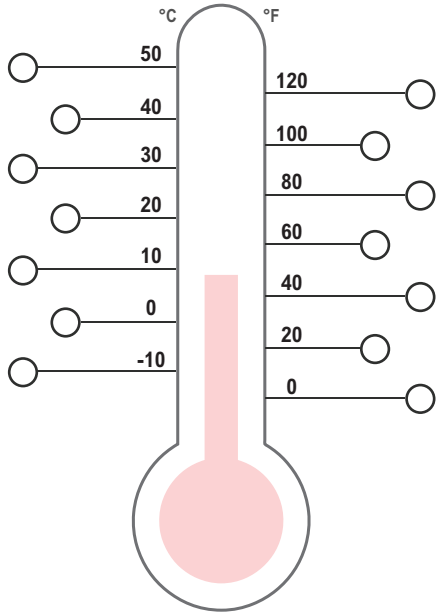


嘔吐/吐き気 | 구토 / 구
역 | 呕吐/恶心 |
рвота /
тошнота

WEAK / LACK OF ENERGY



弱い | 약한 | 虚弱 |
недостаток
энергии



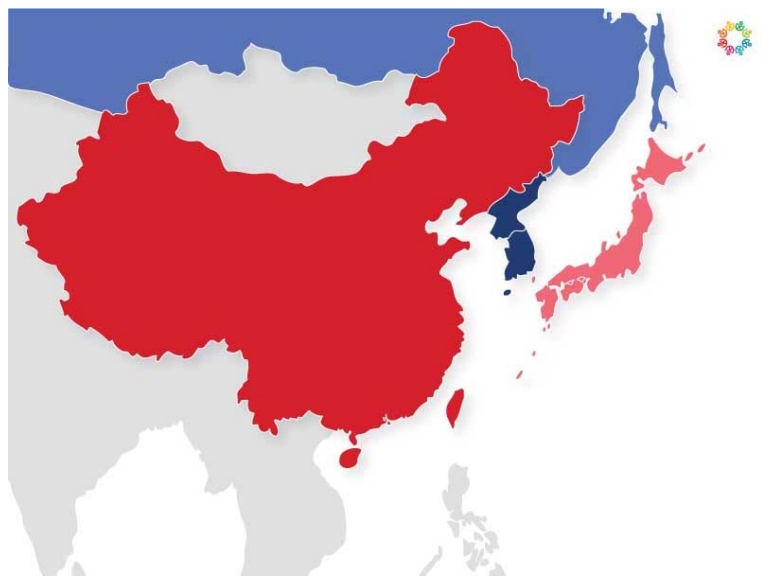
HIGH TEMPERATURE



高温 | 높은 온도 | 高温 | высокая
температура

OTHER

ABOUT THE NORTHEAST ASIA EDITION

The Northeast Asia edition uses translated terms for five 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
	Japanese (jp)	Japan
	Korean (ko)	Democratic People's Republic of Korea, Republic of Korea
	Mandarin Simplified (ms)	China, Hong Kong, Macau, Singapore, Taiwan
	Russian (ru)	Belarus, Russia

A PERSONAL INFORMATION

個人情報 | 개인 정보 | 个人信息 | личная информация

NAME

名 | 이름 | 名称 | имя

NATIONALITY




国籍 | 국적 | 国籍 | национальность

AGE

年齢 | 나이 | 年龄 | возраст

GENDER

性別 | 성별 | 性別 | пол

		
MALE	FEMALE	OTHER
男性 남성 男 мужской	女性 여자 女 женский пол	その他 다른 其他 другие

SPECIAL REQUIREMENTS

特別な要件 | 특별 요구 사항 | 特殊要求 | специальные требования

			
BLIND unable or have difficulty seeing	DEAF unable or have difficulty hearing	MUTE unable or have difficulty speaking	NOT APPLICABLE
盲目 맹인 盲人 слепой	聴覚障害者 청각 장애 耳聋 глухие	ミュート 음소거 静音 отключение звука	適用できません 해당 사항 없음 不适用 непригодный



PAIN

SYMPTOM

MEDICATION

DURATION

MEASUREMENT

MINUTES


















HOURS

WEEKS

MONTHS

I feel or have...

感じるか持っている | 나는 느끼거나 가지고있다 | 我感到或拥有 | я чувствую или имею

<input type="checkbox"/> ACHES / PAINS  痛み/痛み 통증/고통 疼痛/痛苦 боли/боли	<input type="checkbox"/> ANXIETY  不安 걱정 焦虑 тревожность	<input type="checkbox"/> BLURRED / FOGGY  かすみ/霧 흐릿한/안개 模糊/有雾 размыто/туманно
<input type="checkbox"/> BROKEN / STRAINED  壊れた/緊張した 파손/변형 破碎/拉紧 сломанный/напряженный	<input type="checkbox"/> BURNS  やけど 화상 烧伤 ожоги	<input type="checkbox"/> CHILLS / SHIVERING  悪寒/震え 오한/떨림 发冷/发抖 озноб/дрожь
<input type="checkbox"/> CONFUSED  混乱した 혼란스러운 困惑 смущенный	<input type="checkbox"/> COUGH  咳 기침 咳嗽 кашель	<input type="checkbox"/> DRY / THIRSTY  乾いた/のどが渴いた 건조/목 마름 干/口渴 сухой/жаждущий
<input type="checkbox"/> FATIGUE / DROWSY  疲労/眠気 피로/졸음 疲劳/困倦 усталость/сонливость	<input type="checkbox"/> IRRITABLE  過敏な 민감한 急躁 раздражительный	<input type="checkbox"/> LIGHTHEADED / DIZZY  めまい 현기증 头晕 легкомысленный
<input type="checkbox"/> LOSS OF APPETITE  食欲減少 식욕 상실 食欲不振 потеря аппетита	<input type="checkbox"/> LOSS OR SHORT OF BREATH  息切れまたは息切れ 호흡 곤란 气喘吁吁 потеря или одышка	<input type="checkbox"/> RASH / ITCHY  発疹/かゆみ 발진/가려움 皮疹/发痒 сыпь/зуд
<input type="checkbox"/> SORE / SWOLLEN  痛み/腫れ 아픈/부어 酸痛/肿胀 воспаленный/опухший	<input type="checkbox"/> SWEATING / WARM  発汗/暖かい 발한/따뜻한 出汗/温暖 потливость/тепло	

F SYMPTOMS



症状 | 징후 | 症状 | СИМПТОМ

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

I cannot...

私はできない | 난 못해 | 我不能 | я не могу

<input type="checkbox"/> BREATH 呼吸 숨 呼吸 дыхание	<input type="checkbox"/> SWALLOW 飲み込む 제비 呑 глотать	<input type="checkbox"/> SMELL 臭い 냄새 闻 запах
<input type="checkbox"/> TASTE 味 미각 味道 вкус	<input type="checkbox"/> SEE / VISION 見る/ビジョン 참조 / 비전 看/见 видеть / видение	<input type="checkbox"/> HEAR 聞く 듣다 听 заслушивать
<input type="checkbox"/> FEEL 感じる 느낌 感觉 чувствовать	<input type="checkbox"/> PASS URINE 尿を渡す 소변을 통과시키다 通过尿 МОЧИ	<input type="checkbox"/> PASS A BOWEL 腸を通過する 장을 통과시키다 通过肠 пропустить кишечник
<input type="checkbox"/> MOVE 動く 움직임 移动 переехать	<input type="checkbox"/> WALK 歩く 산책 步行 ходить	<input type="checkbox"/> TALK トーク 이야기 谈论 говорить
<input type="checkbox"/> LIFT リフト 승강기 电梯 лифт		

ALLERGIES

for detailed allergies see section B

アレルギー | 알레르기 | 过敏症 | аллергии

<input type="checkbox"/> YES はい 예 是 да	<input type="checkbox"/> NO いいえ 아니 没有 нет
--	---

BLOOD GROUP

血液型 | 혈액형 | 血型 | группа крови

<input type="checkbox"/> A+ A POSITIVE ポジティブ 긍정적 인 一积极 a positif ельный	<input type="checkbox"/> A- A NEGATIVE 마이너스 a 부정 一负 面 a отрицат ельный	<input type="checkbox"/> AB+ AB POSITIVE ポジティブ ab 긍정적 ab阳性 ab 阳性 ab 阳性	<input type="checkbox"/> AB- AB NEGATIVE 네가티브 ab 네거티브 ab阴性 ab 阴性
<input type="checkbox"/> B+ B POSITIVE ポジティブ b 긍정적 b正面 b 阳性	<input type="checkbox"/> B- B NEGATIVE 마이너스 b 네거티브 b负面 b 阴性	<input type="checkbox"/> O+ O POSITIVE o포지티브 o 긍정적 o正 o 阳性	<input type="checkbox"/> O- O NEGATIVE o negative o 네거티브 o负 o 阴性
<input type="checkbox"/> ? UNKNOWN 未知の 알 수 없는 未知 未知			

B ALLERGIES

알레르기 | 알레르기 | 过敏症 | аллергии

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  페니실린 페니실린 青霉素 пенициллин	<input type="checkbox"/>	ASPIRIN  아스피린 아스피린 阿司匹林 аспирин	<input type="checkbox"/>	CHEMICAL  화학 화학 물질 化学 химическая
<input type="checkbox"/>	POLLEN  花粉 화분 花粉 пыльца	<input type="checkbox"/>	DUST  ほこ리 먼지 灰尘 пыли	<input type="checkbox"/>	MOULD  型 곰팡이 模子 плесень
<input type="checkbox"/>	ANIMALS  動物 동물 动物 животное	<input type="checkbox"/>	FISH  魚 물고기 鱼 рыба	<input type="checkbox"/>	DAIRY  乳製品 낙농 乳制品 молочные продукты
<input type="checkbox"/>	NUTS  ナッツ 견과류 坚果 орешки	<input type="checkbox"/>	BITE  一口 물다 咬 укусить	<input type="checkbox"/>	STING  刺す 찌르기 刺 ужалить
<input type="checkbox"/>	OTHER				



BACK

バック | 뒤로 | 背部 | назад

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 喉 목 喉 горло	 TOOTH 齒 이 齒 зуб	 NECK ネック 목 颈部 шея	 GLAND 腺 선 腺 железа						
 BREAST 乳 유방 乳房 грудь	 SPINE 脊椎 척추 脊柱 позвоночник	 ARM 腕 팔 臂 рука	 HAND ハンド 손 手 рука						
 THIGH 大腿 대퇴골 大腿 бедренная кость	 HIP 힙 잘 알고 있기 臀部 тазобедренный	 FOOT 足 발 脚 子 фут	 TOE つま先 발가락 脚趾 палец						
<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"/>
									

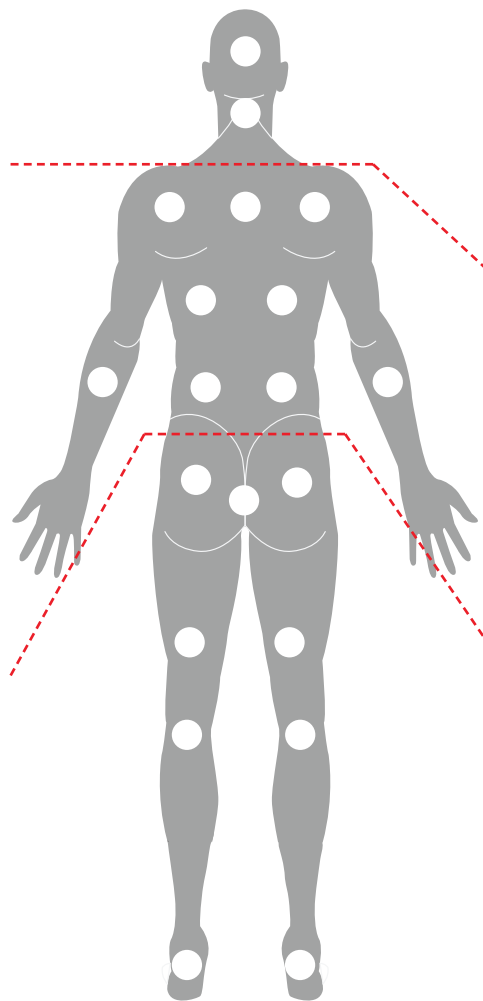



痛み | 고통 | 疼痛 | боль

先在する | 선재론자 | 预先存在的 | существовать до

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


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





SKULL

頭蓋骨 | 두개골 | 头骨 | череп



BRAIN

腦 | 뇌 | 腦 | ГОЛОВНОЙ МОЗГ




SKIN

肌 | 피부 | 皮肤 | кожа



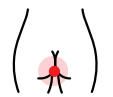
KIDNEYS

腎臟 | 신장 | 肾脏 | почки



BUTTOCKS

臀部 | 엉덩이 | 臀部 | ягодицы



RECTUM

肛門 | 항문 | 肛门 | анус

<input type="checkbox"/> CANCER <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> </tr> </table>  <p>癌 암 癌症 рак</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> DIABETES <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>  <p>糖尿病 당뇨병 糖尿病 диабет</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> LEUKAEMIA <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> </tr> </table>  <p>白血病 백혈병 白血病 лейкемия</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4									
<input type="checkbox"/> 1	<input type="checkbox"/> 2											
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4									
<input type="checkbox"/> PREGNANCY <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 0-3</td> <td><input type="checkbox"/> 4-6</td> <td><input type="checkbox"/> 7-9</td> </tr> </table>  <p>妊娠 임신 怀孕 беременность</p>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> ASTHMATIC <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> ASTHMA</td> <td><input type="checkbox"/> COPD</td> </tr> </table>  <p>喘息의 천식 哮喘 астматический</p>	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> COPD	<input type="checkbox"/> LUPUS <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> SLE</td> <td><input type="checkbox"/> CLE</td> <td><input type="checkbox"/> DLE</td> </tr> </table>  <p>루프스 낭창 狼疮 волчанка</p>	<input type="checkbox"/> SLE	<input type="checkbox"/> CLE	<input type="checkbox"/> DLE		
<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9										
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> COPD											
<input type="checkbox"/> SLE	<input type="checkbox"/> CLE	<input type="checkbox"/> DLE										
<input type="checkbox"/> HIV / AIDS  <p>hiv/에이즈 hiv/에이즈 艾滋病/艾滋病 вич/спид</p>	<input type="checkbox"/> EPILEPSY  <p>てんかん 간질 癲病 эпилепсия</p>	<input type="checkbox"/> MENTAL HEALTH  <p>멘탈헬스 정신건강 精神健康 душевное здоровье</p>										
<input type="checkbox"/> HEART DISEASE  <p>心臟病 심장병 心脏病 болезнь сердца</p>	<input type="checkbox"/> HIGH CHOLESTEROL  <p>高コレステ롤 고콜레스테롤 高胆固醇 высокое содержание холестерина</p>	<input type="checkbox"/> HIGH BLOOD PRESSURE  <p>血圧 혈압 血压 кровяное давление</p>										
<input type="checkbox"/> OTHER _____ _____ _____ _____												

D MEDICATION

投薬 | 약물 치료 | 药物治疗 | лечение

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
	投薬 약물 치료 药物治疗 лечение	周波数 회수 频率 частота	測定 측정 测量 измерение
1	<input type="text"/>	<input type="text"/> HOURLY <input type="text"/> DAILY	<input type="text"/> TSP <input type="text"/> TBSP <input type="text"/> MCG <input type="text"/> MG <input type="text"/> G <input type="text"/> ML <input type="text"/> L
2	<input type="text"/>	<input type="text"/> HOURLY <input type="text"/> DAILY	<input type="text"/> TSP <input type="text"/> TBSP <input type="text"/> MCG <input type="text"/> MG <input type="text"/> G <input type="text"/> ML <input type="text"/> L
3	<input type="text"/>	<input type="text"/> HOURLY <input type="text"/> DAILY	<input type="text"/> TSP <input type="text"/> TBSP <input type="text"/> MCG <input type="text"/> MG <input type="text"/> G <input type="text"/> ML <input type="text"/> L
4	<input type="text"/>	<input type="text"/> HOURLY <input type="text"/> DAILY	<input type="text"/> TSP <input type="text"/> TBSP <input type="text"/> MCG <input type="text"/> MG <input type="text"/> G <input type="text"/> ML <input type="text"/> L
5	<input type="text"/>	<input type="text"/> HOURLY <input type="text"/> DAILY	<input type="text"/> TSP <input type="text"/> TBSP <input type="text"/> MCG <input type="text"/> MG <input type="text"/> G <input type="text"/> ML <input type="text"/> L
6	<input type="text"/>	<input type="text"/> HOURLY <input type="text"/> DAILY	<input type="text"/> TSP <input type="text"/> TBSP <input type="text"/> MCG <input type="text"/> MG <input type="text"/> G <input type="text"/> ML <input type="text"/> L

hourly | 每時 | 매시간 | 每小时
 daily | 毎日 | 매일 | 日常
 毎 日 常 毎 日 常 毎 日 常

tsp | 티스푼 | 티스푼 | 茶匙 | чайная ложка
 tbsp | 대匙 | 큰 스푼 | 汤匙 | столовая ложка
 mcg | 마이크로그램 | 마이크로그램 | 微克 | микрограмм
 mg | 밀리그램 | 밀리그램 | 毫克 | миллиграмм
 g | 그램 | 그램 | 公克 | грамм
 ml | 밀리리터 | 밀리리터 | 毫升 | миллилитр
 l | 리터 | 리터 | 升 | литр



FRONT

フロント | 앞 | 面前 | фронт

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"/>		

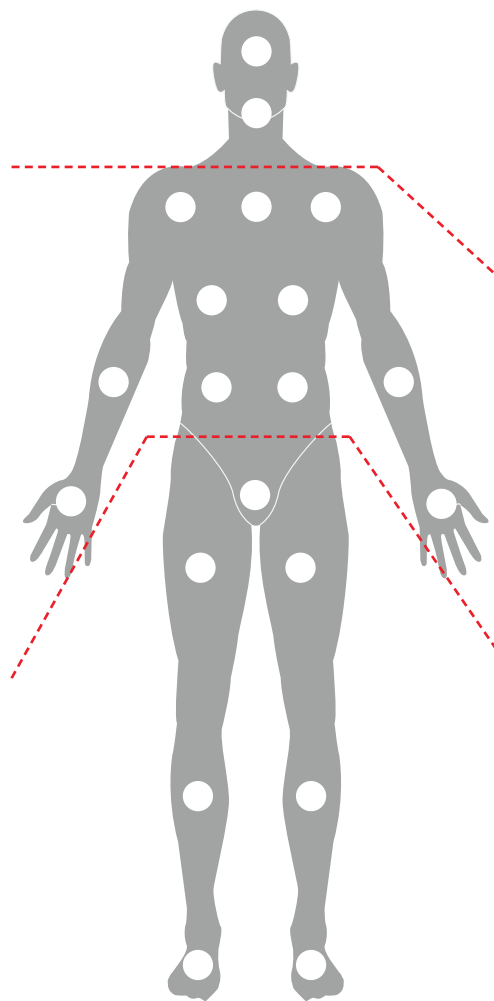
 NOSE 鼻 코 鼻子 нос	 EAR 耳 귀 耳 ухо	 MOUTH 口 입 口 рот	 TONGUE 舌 혀 舌 язык
 SHOULDER ショルダー 어깨 肩 плечо	 CHEST 胸 가슴 胸部 грудь	 LIVER 肝 간 肝 печень	 STOMACH 胃 위 胃 желудок
 LEG 脚 다리 腿 ножка	 PELVIS 骨盤 골반 骨盆 таз	 ANKLE 足首 발목 踝 лодыжка	 HEEL 히ール 힐 脚跟 пятка

1	2	3	4	5	6	7	8	9	10



痛み | 고통 | 疼痛 | боль

緊急時 | 비상시 | 在緊急情況下 | во время чрезвычайной ситуации



HEAD

頭 | 머리 | 头 |
глава

EYE

眼 | 눈 | 眼 |
глаз

HEART

ハート | 심장 | 心 |
сердце

LUNG

肺 | 폐 | 肺 |
легкое

VAGINA

膾 | 질 | 阴道 |
влагалище

PENIS

陰莖 | 음경 | 阴茎 |
пенис

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).

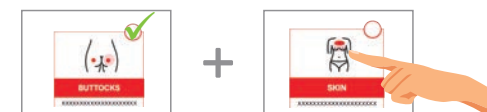
HOW TO COMMUNICATE

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
1 하나 — один	二 두 二 два	三 세 三 три	4つの 사 四 4	五 다섯 五 5	6 육 六 ше сть	セブン 일곱 七 се мь	8 여덟 八 8	9 아홉 九 9	十 십 十 10

PAIN	痛み 고통 疼痛 боль	HOURS	時 시간 小时 час
SYMPTOM	症状 징후 症状 СИМПТОМ	WEEKS	週間 주 周 неделю
MEDICATION	投薬 약물 치료 药物治疗 лечение	MONTHS	月 달 月 месяц
DURATION	期間 지속 持续时间 продолжит ельность	HUNDREDS	百 백 百 сто
MEASUREMENT	測定 측정 測量 измерение	THOUSANDS	千 천 千 тысяча
MINUTES	分 분 分钟 минут		

-  Japanese (jp)
-  Korean (ko)
-  Mandarin Simplified (ms)
-  Russian (ru)