



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

SCANDINAVIA

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

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

anvendt medicin | käytetty lääke | lyf notað | medisin brukt | medicin som används

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 paracetamol parasetamoli parasetamol paracetamol paracetamol	<input type="checkbox"/> IBUPROFEN ibuprofen ibuprofeeni íbúprófen ibuprofen ibuprofen	<input type="checkbox"/> CANNABIS cannabis kannabis kannabis cannabis cannabis
<input type="checkbox"/> ANTIBIOTICS antibiotika antibiootit sýklalyf antibiotika antibiotika	<input type="checkbox"/> ASPIRIN aspirin aspiriini aspirín aspirín aspirin	

OTHER

(tsp)

 teaspoon
 teske | teelusikka | teskeið | teskje | tesked

(tbsp)

 tablespoon
 spiseskefuld | ruokalusikka | matskeið | spiseskje | matsked

(ml)

 millilitre
 milliliter | millilitra | milliliter | milliliter | milliliter

(l)

 litre
 liter | litra | lítra | liter | liter

(mcg)

 microgram
 mikrogram | mikrogrammaa | mikrógrömm | mikrogram | mikrogram

(mg)

 milligram
 milligram | milligramma | milligram | milligram | milligram

(g)

 gram
 gram | gramma | grömm | gram | gram

(-)

 other
 andet | muut | annað | annen | andra



symptom | oire | einkenni | symptom | symptom


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

TREMBLING / TINGLING



rysten / prikken | vapina / pistely | skjálfaði / náladofi | skjelving / kribling | skakande / stickande

LOSS OF BALANCE




ustabil / tab af balance | epávakaa / tasapainon menety | óstöðugur / tap á jafnvægi | ustabil / tap av balanse | ostabil / förlust av balans

VOMIT / NAUSEA

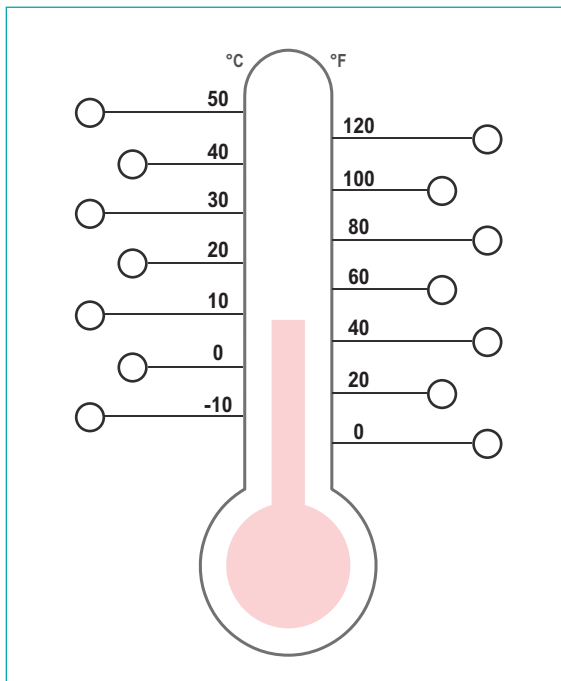


opkast / kvalme | oksentaa / pahoinvointia | uppköst / ógleði | oppkast / kvalme | spy / illamående

WEAK / LACK OF ENERGY



svag / mangel på energi | heikko / energian puute | veik / orkuleysi | svak / mangel på energi | svag / brist på energi



HIGH TEMPERATURE

høj temperatur | korkea lämpötila | hár hiti | høy temperatur | hög temperatur

OTHER

.....

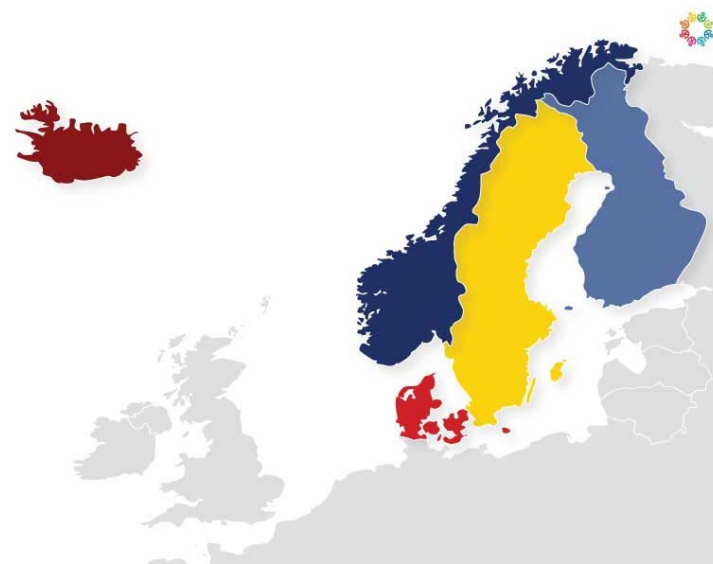
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.....

ABOUT THE SCANDINAVIA EDITION

The Scandinavia 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
	Danish (da)	Denmark, Greenland
	Finnish (fn)	Finland
	Icelandic (ic)	Iceland
	Norwegian (no)	Norway
	Swedish (sw)	Finland, Sweden

A PERSONAL INFORMATION

personlig information | henkilökohtaisia tietoja | persónuupplýsingar | personlig informasjon | personlig information

NAME

navn | nimi | nafn |
navn | namn

NATIONALITY




nationalitet |
kansalaisuus |
þjóðerni | nasjonalitet
| nationalitet

AGE

alder | ikä | aldur |
alder | ålder

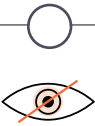

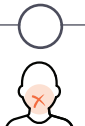
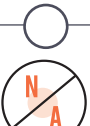
GENDER

køn | sukupuoli | kyn | kjønn | kön

		
MALE	FEMALE	OTHER
han- uros karlkyns mann manlig	kvinde nainen kvenkyns hunn kvinna	andet muut annað annen andra

SPECIAL REQUIREMENTS

særlige krav | erityisvaatimukset | sérstakar kröfur | spesielle krav | speciella krav

			
BLIND unable or have difficulty seeing	DEAF unable or have difficulty hearing	MUTE unable or have difficulty speaking	NOT APPLICABLE
blind sokea blindir blind blind	døve kuuro heyrmarlausir döv döva	lydløs mykistä þagga demp stum	ikke anvendelig ei sovellettavissa á ekki við ikke aktuelt inte tillämpbar



PAIN

SYMPTOM

MEDICATION

DURATION

MEASUREMENT

MINUTES


















HOURS

WEEKS

MONTHS

I feel or have...

jeg føler eller har det | tunnen tai minulla on | mér líður eða hef | jeg føler eller har det | jag känner
eller har

<input type="checkbox"/> ACHES / PAINS  ømhed / smerter kivot verkir / verkir smerter / smerter värk / smärta	<input type="checkbox"/> ANXIETY  angst levottomuus kvíði angst ángest	<input type="checkbox"/> BLURRED / FOGGY  sløret tåget epäselvä / sumuinen öskýr / þoka uskarpt tákete suddig / dimmig
<input type="checkbox"/> BROKEN / STRAINED  ødelagt / anstrengt rikki / kireä brottinn / þvingaður ødelagt / anstrengt trasig / ansträngd	<input type="checkbox"/> BURNS  forbrændinger palovammat brennur brannsår brännskador	<input type="checkbox"/> CHILLS / SHIVERING  kulderystelser / rysten vilunväristykset / vapina hrollur / skjálfandi frysninger / skjelving frossa / frossa
<input type="checkbox"/> CONFUSED  forvirret hämmentynyt ruglaður forvirret förvirrad	<input type="checkbox"/> COUGH  hoste yskä hösta hoste hosta	<input type="checkbox"/> DRY / THIRSTY  tør / tørstig kuiva / janoinen þurr / þyrstur tørr / tørst torr / törstig
<input type="checkbox"/> FATIGUE / DROWSY  træthed / døsigt väsymys / unelias þreyta / syfja tretthet / døsigt trötthet / dásig	<input type="checkbox"/> IRRITABLE  irritable ärtyisä pirrandi irritable irritable	<input type="checkbox"/> LIGHTHEADED / DIZZY  lethed / svimmel päpääinen / huimausta léttvigt / sundl lett / svimmel luddig / yr
<input type="checkbox"/> LOSS OF APPETITE  mistet appetiten ruokahalun menetyks lystarleysi tap av appetit aptitlöshet	<input type="checkbox"/> LOSS OR SHORT OF BREATH  tab eller åndenød menetyks tai hengenhädistus tap eða mæði tap eller kortpustethet förlust eller andnöd	<input type="checkbox"/> RASH / ITCHY  udslæt / kløende ihottuma / kutiava útbrot / kláði utslett / kløende utslag / klåda
<input type="checkbox"/> SORE / SWOLLEN  øm / hævet kipeä / turvonnut sár / bólginn sár / hovent öm / svullna	<input type="checkbox"/> SWEATING / WARM  sved / varm hikoilu / lämmin sviti / hlýtt svette / varm svettning / varm	

F SYMPTOMS



symptom | oire | einkenni | symptom | symptom



I cannot...

jeg kan ikke | en voi | ég get ekki | det kan jeg ikke | jag kan inte

<input type="checkbox"/> BREATH <p>åndedrag hengitys andardráttur pust andetag</p>	<input type="checkbox"/> SWALLOW <p>sluge niellä kyngja svelge svälja</p>	<input type="checkbox"/> SMELL <p>lugt haju lykt lukt lukt</p>
<input type="checkbox"/> TASTE <p>smag maku bragð smak smak</p>	<input type="checkbox"/> SEE / VISION <p>se / vision nähdä / nähdä sjá / sýn se / visjon se / vision</p>	<input type="checkbox"/> HEAR <p>høre kuulla heyra høre höra</p>
<input type="checkbox"/> FEEL <p>føle tuntea finnst føle känna</p>	<input type="checkbox"/> PASS URINE <p>passere urin välittää virtsaa líða þvag pass urin passera urin</p>	<input type="checkbox"/> PASS A BOWEL <p>passere en tarm välittää suolen fara í þörmum passere en tarm passera en tarm</p>
<input type="checkbox"/> MOVE <p>bevæge sig liikkua færa bevege seg flytta</p>	<input type="checkbox"/> WALK <p>gå kävellä ganga gå gå</p>	<input type="checkbox"/> TALK <p>tale puhua tala snakke prata</p>
<input type="checkbox"/> LIFT <p>løfte op hissi lyfta løfte hiss</p>		

ALLERGIES

for detailed allergies see section B

allergi | allergiat | ofnæmi | allergi | allergier

<input type="checkbox"/> YES <p>ja joo já ja ja</p>	<input type="checkbox"/> NO <p>ingen ei nr nei nej</p>
---	--

BLOOD GROUP




blodgruppe | veriryhmä | blóðflokkur | blod gruppe | blodgrupp




<p>A POSITIVE</p> <p>a positiv positiivinen a jákvætt a positiv en positiv</p>	<p>A NEGATIVE</p> <p>a negativ a negatiivinen a neikvæð a negativ a negativ</p>	<p>AB POSITIVE</p> <p>ab positiv ab positiivinen ab jákvætt ab positiv ab positiv</p>	<p>AB NEGATIVE</p> <p>ab negativ ab negatiivinen ab neikvæð ab negativ ab negativ</p>
<p>B POSITIVE</p> <p>b positiv b positiivinen b jákvætt b positiv b positiv</p>	<p>B NEGATIVE</p> <p>b negativ b negatiivinen b neikvæð b negativ b negativ</p>	<p>O POSITIVE</p> <p>o positiv o positiivinen ó jákvætt o positiv o positiv</p>	<p>O NEGATIVE</p> <p>o negativ o negatiivinen o neikvæð o negativ o negativ</p>
<p>UNKNOWN</p> <p>ukendt tuntematon óþekktur ukjent okänd</p>			

B ALLERGIES

allergi | allergiat | ofnæmi | allergi | allergier

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 penisilliini penicillin penicillin penicillin		aspirin aspiiriini aspirin aspirin aspirin		kemisk kemiallinen efni kjemisk kemisk

<input type="checkbox"/>	POLLEN	<input type="checkbox"/>	DUST	<input type="checkbox"/>	MOULD
	pollen siitepöly frjökorn pollen pollen		støv pöly ryk støv damm		skimmel muotti mold form forma

<input type="checkbox"/>	ANIMALS	<input type="checkbox"/>	FISH	<input type="checkbox"/>	DAIRY
	dyr eläin dýr dyr djur-		fisk kalastaa fiskur fisk fisk		mejeri meijeri mjólkurvörur meieri mejeri

<input type="checkbox"/>	NUTS	<input type="checkbox"/>	BITE	<input type="checkbox"/>	STING
	nødder pähkinät hnetur nøtter nøtter		bid purra bíta bite bita		stik pisto sting stikke sting





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











BACK

tilbage | takaisin | aftur | tilbake | tillbaka

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	TOOTH	NECK	GLAND
hals kurkku hálsi hals hals	tand hammas tönn tann tand	hals niska háls nakke nacke	kirtel rauhanen kirtill kjertel körtel

			
BREAST	SPINE	ARM	HAND
bryst rinta brjóst bryst bröst	rygrad selkä hrygg ryggrad ryggrad	arm käsivarsi armur væpne ärm	hånd käsi hönd hånd hand

			
THIGH	HIP	FOOT	TOE
lår reisi læri lår lår	hofte lonkka mjööm hofte höft	fod jalka fótur fot fot	tå varvas tá tá tá

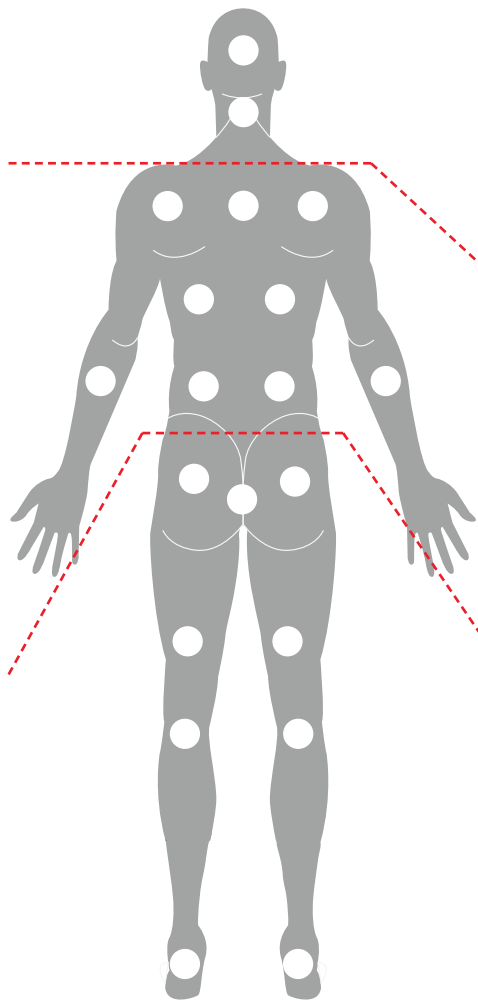
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10
									




smerte | kipu | sársauki | smerte | smärta

preexist | preexist | preexist | preexist | preexist

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





SKULL
kranium | kallo | höfuðkúpa | hodeskalle | skalle














BRAIN
hjerne | aivot | heila | hjerne | hjärna


SKIN
hud | iho | húð | hud | hud


KIDNEYS
nyrer | munuaiset | nýrun | nyrer | njurar


BUTTOCKS
balder | takapuoli | sitjandi | rumpe | rumpa


RECTUM
anus | peräaukko | anus | anus | anus

<p><input type="checkbox"/> CANCER</p> <p>1 2 3 4</p> <p> kræft syöpä krabbamein kreft cancer</p>	<p><input type="checkbox"/> DIABETES</p> <p>1 2</p> <p> diabetes diabetes sykursýki diabetes diabetes</p>	<p><input type="checkbox"/> LEUKAEMIA</p> <p>1 2 3 4</p> <p> leukæmi leukemia hvítblæði leukemi leukemi</p>
<p><input type="checkbox"/> PREGNANCY</p> <p>0-3 4-6 7-9</p> <p> graviditet raskaus meðganga svangerskap graviditet</p>	<p><input type="checkbox"/> ASTHMATIC</p> <p>ASTHMA COPD</p> <p> astmatiker astmaatikko astma astma astmatiker</p>	<p><input type="checkbox"/> LUPUS</p> <p>SLE CLE DLE</p> <p> lupus lupus lupus lupus lupus</p>
<p><input type="checkbox"/> HIV / AIDS</p> <p> hiv / aids hiv / aids hiv / alnæmi hiv / aids hiv / aids</p>	<p><input type="checkbox"/> EPILEPSY</p> <p> epilepsi epilepsia flogaveiki epilepsi epilepsi</p>	<p><input type="checkbox"/> MENTAL HEALTH</p> <p> mentalt heilbrigði miðentervið andleg heilsa mental helse mental hälsa</p>
<p><input type="checkbox"/> HEART DISEASE</p> <p> hjerte sygdom sydänsairaus hjartasjúkdómur hjertesjúkdómur hjartasjúkdómur</p>	<p><input type="checkbox"/> HIGH CHOLESTEROL</p> <p> høgur kolesteróll høgur kolesteróll høgur kolesteróll høgur kolesteróll høgur kolesteróll</p>	<p><input type="checkbox"/> HIGH BLOOD PRESSURE</p> <p> blóðþrygging blóðþrygging blóðþrygging blóðþrygging blóðþrygging</p>
<p><input type="checkbox"/> OTHER</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

D MEDICATION

medicin | lääkitys | lyf | medisinerin | medicin

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
	medicin lääkitys lyf medisinerin medicin	frekvens taajuus tiðni frekvens frekvens	måling mittaus mælingar mål mått
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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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 | hver time | tunti- | klukkutíma fresti | hver time | varje timme
daily | daglige | päivittäin | daglega | daglig | dagligen

tsp | teske | teelusikka | teskeið | teskje | tesked
tbsp | spiseskefuld | ruokalusikka | matskeið | spiseskje | matsked
mcg | mikrogram | mikrogrammaa | mikrógrömm | mikrogram | mikrogram
mg | milligram | milligramma | milligram | milligram | milligram
g | gram | gramma | grömm | gram | gram
ml | milliliter | millilitra | milliliter | milliliter | milliliter
l | liter | litra | litra | liter | liter



FRONT

foran | etuosa | framan | front | främre

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 næse nenä nef nese näsa øre korva eyra øre öra	 EAR øre korva eyra øre öra	 MOUTH mund suu munni munn mun tunge kieli tunga tunge tunga	 TONGUE tunge kieli tunga tunge tunga
 SHOULDER skulder olkapää öxl skulder skuldra	 CHEST bryst rinta brjosti bryst bröst	 LIVER lever maksa lifur lever lever	 STOMACH mave vatsa maga mage mage
 LEG ben jalka fótur bein ben	 PELVIS bækken lantio mjaðmagrind bekken bäcken-	 ANKLE ankel nilkka ökkla ankel vrist	 HEEL hæl kantapää hæl hæl hæl

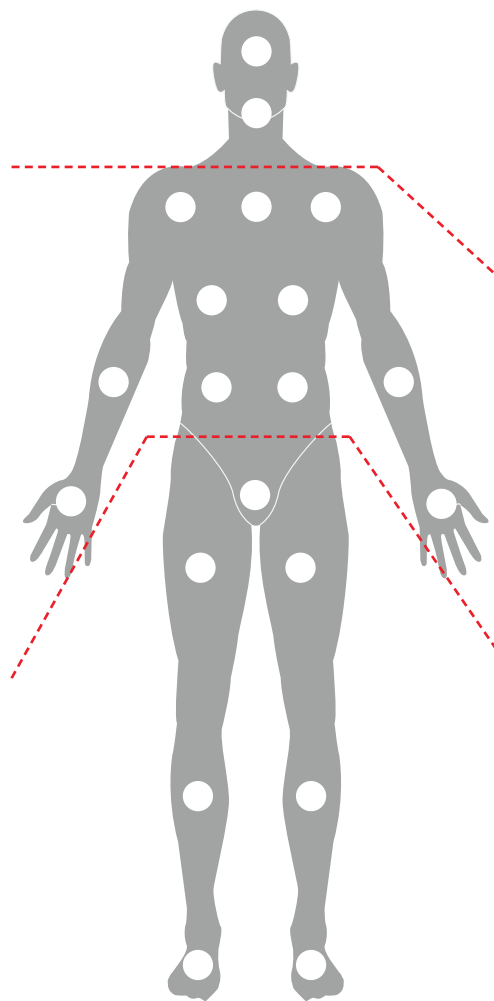
1	2	3	4	5	6	7	8	9	10



smerte | kipu | sársauki | smerte | smärta

under en nødsituation | hätätilanteessa | í neyðartilvikum | under en nødsituasjon | under en nødsituation

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



HEAD

hoved | pää | höfuð | hode | huvud

EYE

øje | silmä | auga | øye | öga

HEART

hjerte | sydän | hjarta | hjerte | hjärta

LUNG

lunge | keuhko | lungum | lunge | lunga

VAGINA

vagina | emätin | leggöngum | vagina | vagina

PENIS

penis | penis | typpið | penis | penis

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).

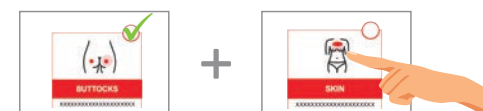
HOW TO COMMUNICATE

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

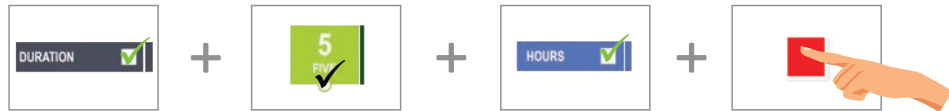
Step 1 - Please go to the numbers bar at the top of section E, where you can either point or tick (✓) the number of pains you are experiencing. One for a single area of pain, two for the second pain and so on



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
en	to	tre	fire	fem	seks	syv	otte	ni	ti
yksi	kaksi	kolme	neljä	viisi	kuusi	seitsemän	kahdeksan	yhdeksän	kymmenen
einn	tveir	þrjár	fjórir	fimm	sex	sjö	átta	níu	tíu
en	to	tre	fire	fem	seks	sju	átte	ni	ti
ett	tvá	tre	fyra	fem	sex	sju	átta	nio	tio

PAIN	smerte kipu sársauki smerte smärta	HOURS	time tunnin klukkustund time timme
SYMPTOM	symptom oire einkenni symptom symptom	WEEKS	uge viikko vika uke vecka
MEDICATION	medicin lääkitys lyf medisineriing medicin	MONTHS	måned kuukausi mánuði måned måned
DURATION	varighed kesto lengd varighet varaktighet	HUNDREDS	hundrede sata hundrað hundre hundra
MEASUREMENT	måling mittauss mælingar mål mått	THOUSANDS	tusind tuhat þúsund tusen tusen
MINUTES	minut minuutti mínútu minutt minut	 Danish (da)	
		 Finnish (fn)	
		 Icelandic (ic)	
		 Norwegian (no)	
		 Swedish (sw)	