



The Multilingual Emergency Phrase Book

Ensure your emergency response teams can quickly and effectively communicate with non-English speaking patients in critical situations.

- ✓ **21 triage questions**
- ✓ **Translated into
41 languages**
- ✓ **Pocket sized and
easy to use**

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little as £5.95 at

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The Multilingual Emergency Phrase Book

21 key triage questions translated into 41 of the most used languages in the UK including **Arabic, Polish, Punjabi, French, Somali** and **Vietnamese**.

Emergency Phrase Book

Please read these statements
Please keep still.
This will help.
We are going to move you.

Please answer these questions by pointing to the appropriate box below




| | YES | NO |
|--|--------------------------|--------------------------|
| 1 May I examine you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you have a friend, neighbour or relative who can translate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Does your neck hurt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Are you in pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 If you are in pain, please point to where it hurts. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did the pain come on suddenly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Have you had the pain - more than an hour - more than a day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you lose consciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are you having any difficulty in breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Are you diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Have you had a similar problem before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Have you vomited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Is this helping your problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Are you under treatment from your doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Do you have your doctor's details: name, address and telephone number? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Are you on medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 How regular are your contractions? <input type="checkbox"/> 0.5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Has your water broken? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 What number baby is this? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Have you any documents with your name, address and date of birth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 We need to do some tests, is that all right? | <input type="checkbox"/> | <input type="checkbox"/> |

FRENCH FRANÇAIS 11

VEUILLEZ LIRE CE QUI SUIT
Ne bougez-pas, s'il vous plaît.
Ceci vous aidera.
Nous allons vous déplacer.

VEUILLEZ REPENDRE AUX QUESTIONS SUIVANTES EN MONTRANT DU DOIGT LA CASE APPROPRIÉE



| | OUI | NON |
|---|--------------------------|--------------------------|
| 1 Puis-je vous examiner ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Avez-vous un ami, un voisin ou un membre de votre famille qui puisse traduire? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Avez-vous mal à la tête ou au cou? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Souffrez-vous? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Si vous souffrez, veuillez montrer où vous avez mal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 La douleur est-elle venue soudainement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Vous souffrez: - depuis plus d'une heure? - depuis plus d'une journée? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Avez-vous perdu connaissance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Avez-vous des difficultés à respirer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Êtes-vous diabétique? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Avez-vous déjà eu un problème similaire? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Avez-vous vomit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Cela vous soulage-t-il? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Êtes-vous traité par votre docteur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Avez-vous les coordonnées de votre docteur: nom, adresse et numéro de téléphone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Vous a-t-on donné des médicaments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Vos contractions viennent toutes les <input type="checkbox"/> 0.5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 minutes | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Avez-vous perdu vos eaux? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Quel numéro est ce bébé? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 ou plus | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Avez-vous des documents avec votre nom, adresse et date de naissance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Nous avons besoin de faire des tests, êtes-vous d'accord? | <input type="checkbox"/> | <input type="checkbox"/> |

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