

## ● JE/J'

I AM

- |   |   |
|---|---|
| <input type="radio"/> Ai le souffle court<br><small>Short Of Breath</small> | <input type="radio"/> Ai des haut-le-cœur<br><small>Gagging</small>             |
| <input type="radio"/> Suis frustré(e)<br><small>Frustrated</small>          | <input type="radio"/> Souffre<br><small>In Pain</small>                         |
| <input type="radio"/> Ai la nausée<br><small>Nauseous</small>               | <input type="radio"/> Ai le vertige<br><small>Light-Headed</small>              |
| <input type="radio"/> Suis nerveux(se)<br><small>Anxious</small>            | <input type="radio"/> Ai peur<br><small>Afraid</small>                          |
| <input type="radio"/> Suis déçu(e)<br><small>Disappointed</small>           | <input type="radio"/> Me sens seul(e)<br><small>Lonely</small>                  |
| <input type="radio"/> Suis fatigué(e)<br><small>Tired</small>               | <input type="radio"/> Suis en colère<br><small>Angry</small>                    |
| <input type="radio"/> Suis somnolent(e)<br><small>Drowsy</small>            | <input type="radio"/> Suis mouillé(e)<br><small>Wet</small>                     |
| <input type="radio"/> Me sens mieux<br><small>Better</small>                | <input type="radio"/> Me sens pire<br><small>Worse</small>                      |
| <input type="radio"/> Ai soif<br><small>Thirsty</small>                     | <input type="radio"/> Ai faim<br><small>Hungry</small>                          |
| <input type="radio"/> Ai chaud<br><small>Hot</small>                        | <input type="radio"/> Ne suis pas sûr(e)<br><small>(de ce qui se passe)</small> |
| <input type="radio"/> Ai froid<br><small>Cold</small>                       | <small>Unsure (Of What Is Happening)</small>                                    |

## ● JE VEUX

I WANT

- |   |   |  |
|---|---|--|
| <input type="radio"/> Succion<br><small>To Be Suctioned</small>                 | <input type="radio"/> Plus de contrôle<br><small>More Control</small>           | <input type="radio"/> Être réconforté(e)<br><small>To Be Comforted</small> |
| <input type="radio"/> M'asseoir<br><small>To Sit Up</small>                     | <input type="radio"/> M'allonger<br><small>To Lie Down</small>                  | <input type="radio"/> Prière<br><small>Prayer</small>                      |
| <input type="radio"/> Eau<br><small>Water</small>                               | <input type="radio"/> Glaçons<br><small>Ice</small>                             | <input type="radio"/> Exercice<br><small>Exercise</small>                  |
| <input type="radio"/> Bain<br><small>Bath</small>                               | <input type="radio"/> Shampooing<br><small>Shampoo</small>                      | <input type="radio"/> Lotion<br><small>Lotion</small>                      |
| <input type="radio"/> Lunettes<br><small>Eyeglasses</small>                     | <input type="radio"/> Brosse<br><small>Hairbrush</small>                        | <input type="radio"/> Massage<br><small>Massage</small>                    |
| <input type="radio"/> Chaussettes<br><small>Socks</small>                       | <input type="radio"/> Urinal<br><small>Urinal</small>                           | <input type="radio"/> Bassin de lit<br><small>Bedpan</small>               |
| <input type="radio"/> Téléphoner<br><small>Make A Call</small>                  | <input type="radio"/> Témoin d'appel, télé<br><small>Call Light,TV</small>      | <input type="radio"/> Oreiller<br><small>Pillow</small>                    |
| <input type="radio"/> Tourner sur le côté droit<br><small>To Turn Right</small> | <input type="radio"/> Tourner sur le côté gauche<br><small>To Turn Left</small> | <input type="radio"/> Lumières allumées<br><small>Lights On</small>        |
| <input type="radio"/> Lumières éteintes<br><small>Lights Off</small>            | <input type="radio"/> Lumières réduites<br><small>Lights Dim</small>            | <input type="radio"/> Couverture<br><small>Blanket</small>                 |
| <input type="radio"/> Calme<br><small>It Quiet</small>                          | <input type="radio"/> Dormir<br><small>To Sleep</small>                         | <input type="radio"/> Me reposer<br><small>To Rest</small>                 |

## ● JE VEUX VOIR

I WANT TO SEE

- |  |   |
|--|---|
| <input type="radio"/> Docteur<br><small>Doctor</small>         | <input type="radio"/> Thérapeute respiratoire<br><small>Respiratory Therapist</small> |
| <input type="radio"/> Infirmier(ère)<br><small>Nurse</small>   | <input type="radio"/> Physiothérapeute<br><small>Physical Therapist</small>           |
| <input type="radio"/> Assistant(e)<br><small>Assistant</small> | <input type="radio"/> Assistant(e) social(e)<br><small>Social Worker</small>          |
|  | <input type="radio"/> Aumônier<br><small>Chaplain</small>                             |
|  | <input type="radio"/> Ma famille<br><small>My Family</small>                          |

## ● JE VEUX LAVER

I WANT TO CLEAN

- |  |   |  |
|--|---|--|
| <input type="radio"/> Bouche<br><small>Mouth</small> | <input type="radio"/> Dents<br><small>Teeth</small> | <input type="radio"/> Visage<br><small>Face</small>  |
| <input type="radio"/> Nez<br><small>Nose</small>     | <input type="radio"/> Mains<br><small>Hands</small> | <input type="radio"/> Cheveux<br><small>Hair</small> |

A	B	C	D	E	F	G	H	I	1	2	3
J	K	L	M	N	O	P	Q	R	4	5	6
S	T	U	V	W	X	Y	Z	.	7	8	9
									?	0	!



Pour limiter les risques d'infection, ne faites pas circuler cette fiche entre les patients.  
SINGLE PATIENT USE. Please do not re-use between patients.