

HEALTH CARE COMMUNICATION TOOL

Have patient complete prior to or at the beginning of their appointment.



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

When you (the **provider**) are talking:

- ☐ Use simple and easy to understand language.
- ☐ Speak in short phrases and sentences.
- ☐ Ask questions that I can answer with “Yes” or “No”.
- ☐ Speak clearly and at a medium pace.
- ☐ Frequently check that I understood what you said.
- ☐ If I do not understand, rephrase what you said.
- ☐ Let me know when you are switching topics.
- ☐ Use printed words or pictures for me to point at when answering questions.
- ☐ Write down key words.
- ☐ Use meaningful gestures.

When I (the **patient** or guardian/caretaker/interpreter) am talking:

- ☐ Provide me extra time to think about what you said.
- ☐ Provide me extra time to talk.
- ☐ Do not interrupt or guess what I am saying.
- ☐ Ask for permission to guess what I am saying.
- ☐ Let me know when you don’t understand and ask me to explain.

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I use the following device(s) to communicate:

☐ Assistive listening device (example: pocket talker)

☐ Picture or word book

☐ White board

☐ Augmentative communication device

☐ Electrolarynx

☐ Phone

☐ Voice to text apps

☐ CART transcription

☐ Hearing aids

☐ Other (please specify):

☐ None

Additional Things that I Would Like my Care Team to Know:

YES



NO



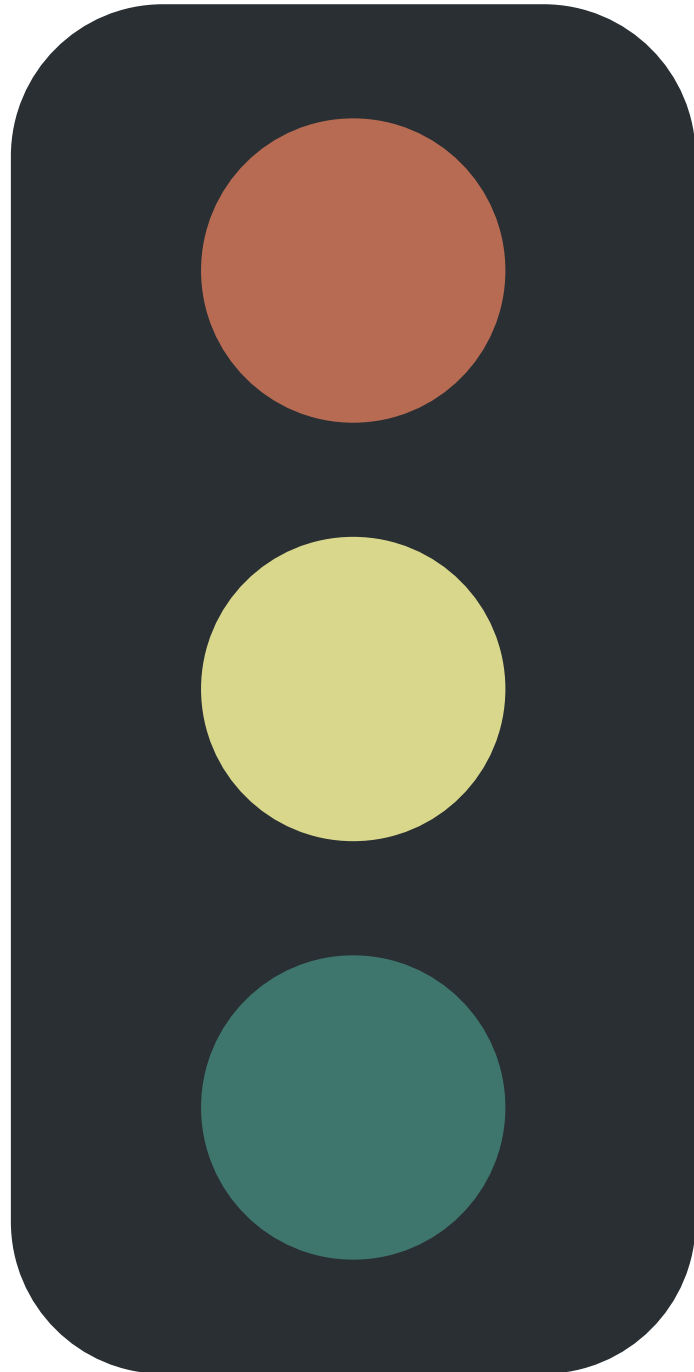
I DON'T KNOW

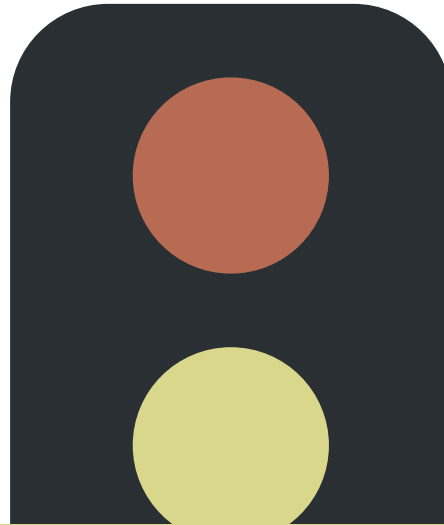




Considerations for Using this Tool

1. Hold this tool ~12 inches (~30 cm) from the patient's face.
2. Ensure good lighting, head positioning, and vision.
3. Speak **loudly, clearly**, and with **simple** language.
4. Wearing masks and other PPE may make it difficult for the patient to understand speech. Consider using communication tools when you speak to the patient.
5. If the patient cannot use this tool effectively now, that does not mean the patient won't be able to use it later today, tomorrow, or this week. Continue to provide opportunities to support communication.





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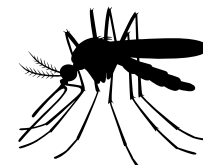
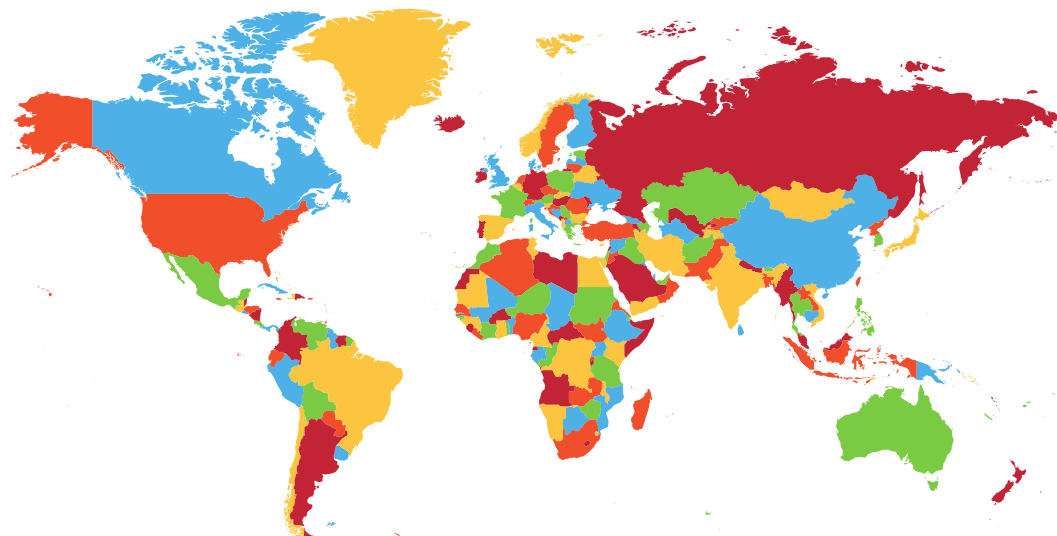
10		COUGH	RUNNY OR STUFFY NOSE	BREATHING DIFFICULTIES	FEVER	
9						
8		RASH	SORENESS	FATIGUE	HEADACHE	
7						
6						
5		STOMACH ACHE	DIARRHEA	VOMITING	BLEEDING	
4						
3		WEIGHT CHANGE	APPETITE LOSS	DEHYDRATION	CONFUSION	
2						
1						
0						

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How Long?	
MINUTES	HOURS
DAYS	WEEKS

NASAL SWAB 	THROAT SWAB 	OTHER SWAB
BLOOD DRAW 	URINE SAMPLE 	STOOL SAMPLE

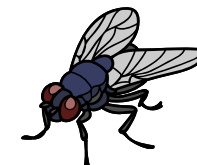
Recent Travel?



Mosquito



Tick



Fly



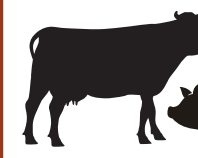
Dog / Cat



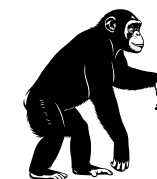
Rodent



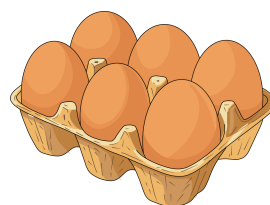
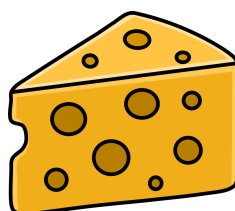
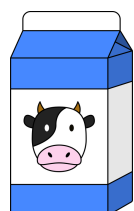
Bat



Livestock



Primate



Other Exposures

