

COMMUNICATION PANNEL

We care what you need and how you feel

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
0	1	2	3	4	5	6	7	8	9	10	 NURSE  DOCTOR														
YES			NO			SOMETIMES			 WHEN?		 WHAT TIME IS IT?														
 PYJAMA			 SLIPPERS			 I WANT TO CUT/COMB MY HAIR			 WHAT HAPPENED?		 DAY NIGHT		 I FEEL BETTER		 I FEEL WORSE		 I FEEL EXCITED								
 NIGHTDRESS			 TISSUES/ TOILET PAPER			 I WANT TO CLEAN UP			 WHERE AM I?		 ON OFF		 I'M SAD		 I FEEL LONELY										
 DRESSING GOWN			 CHANGE THE BED SHEETS			 SHAVE			 MY FAMILY		 ON OFF		 I'M BORED		 I'M ANGRY										
 UNDERWEAR			 CHANGE THE NAPPY/ SANITARY TOWEL			 I WANT TO GO TO THE TOILET			 RELIGIOUS SERVICE		 I WANT TO READ		 I'M WORRIED		 I'M SCARED										

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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9 10

YES NO SOMETIMES WHEN? WHAT TIME IS IT? NURSE DOCTOR

I WANT TO DRINK

I WANT TO WALK

SILENCE

I CAN'T SWALLOW

PAIN

FRONT BACK

I WANT TO EAT

I WANT TO SIT DOWN

I WANT TO SLEEP

I CAN'T BREATHE

ITCH

I WANT TO URINATE

I WANT TO SIT UP

I CAN'T SLEEP

I FEEL DIZZY

I'M COLD I'M HOT

I WANT TO MOVE MY BOWELS

I WANT TO CHANGE POSITION

I WANT TO LIE DOWN

I WANT TO BE SICK

FEVER

I WANT MY GLASSES

I WANT MY HEARING AID