

My name is:

I have trouble talking.

My intelligence is intact.

I am not drunk or mentally unstable.

\_\_\_ Please take time to communicate.

\_\_\_ Speak slowly.

\_\_\_ Speak simply and directly to me.

\_\_\_ Do not shout.

\_\_\_ Ask Yes/ No questions.

\_\_\_ Write key words in big print

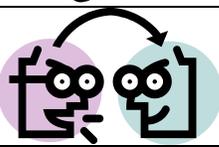
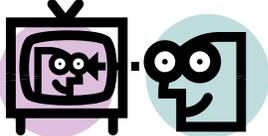
\_\_\_ Use simple drawings.

\_\_\_ Help me use my communication book.

**Please repeat. I don't understand.**

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

# Topics

	Me		
	You		
	Family	Friends	
	Doctors	Nurses	
	Money		
	Feelings	Fears &	Concerns
	Communication/	Speech	
	Upcoming events		
	Entertainment:		

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

## Please

## Thank you

	The Paper		TV Remote Control
	The Mail		Drink
	My Cane		Food
	My Bed		My Chair

	Open / Close the Window
	I want to sleep
	TV: Please turn it <u>on</u> / <u>off</u>

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						



## I feel

## How are you?

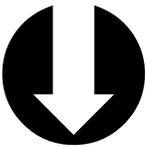
	Happy	Content
	Sad	
	Worried	
	Afraid	
	Angry	Upset

## About

	You
	Me
	Someone else
	Something else

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

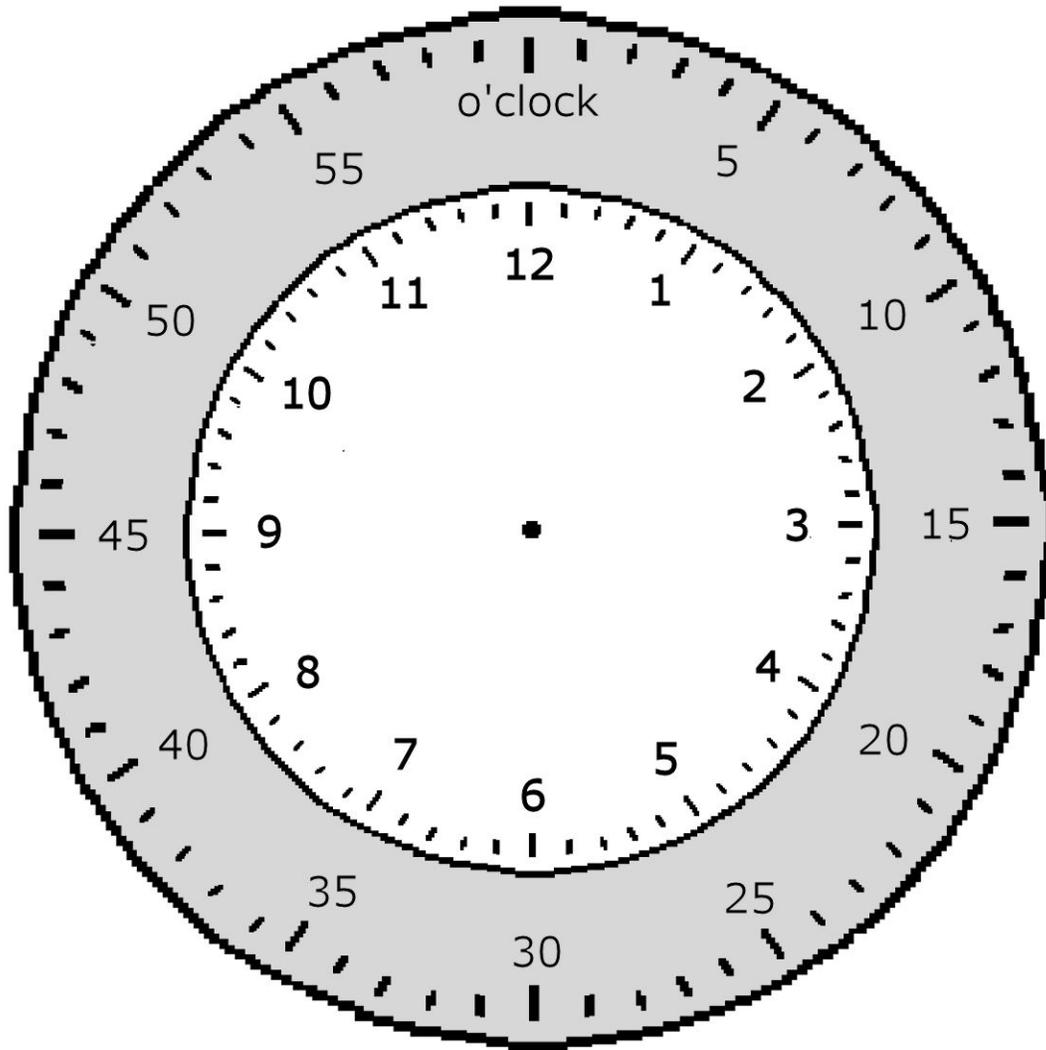
# Events

<p>Past Event</p> 	<p>Now</p> 	<p>Future Event</p> 
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 <p>Outside</p>	 <p>On Television</p>
 <p>Movie</p>	

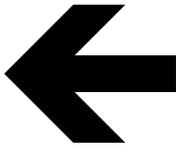
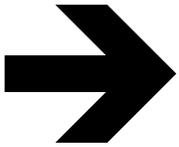
<p>OK</p>	<p>Yes</p>	<p>No</p>	<p>Maybe</p>	<p>Don't know</p>	<p>Don't understand</p>	<p>Wrong track</p>
						

# Clock



OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track

## Time

Yesterday 	Today 	Tomorrow 
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## Days of the Week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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## Months of the Year

January	February	March
April	May	June
July	August	September
October	November	December

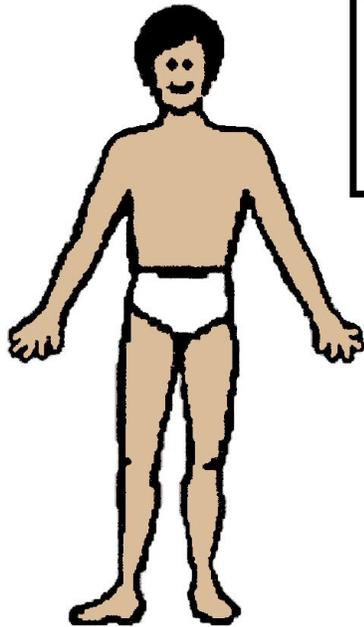
OK 	Yes 	No 	Maybe 	Don't know 	Don't understand 	Wrong track 
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# HEALTH

I feel

How are you?



How Do You Feel?

pain 	sharp 	dull 	itchy 
faint 	dizzy 	nauseous 	
afraid 	sad 	angry 	
hot 	cold 		

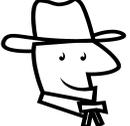
Pain Scale

10
9
8
7
6
5
4
3
2
1
0

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OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track

# My Personal Information

	Name:
	Address:
	Telephone:
	Date of Birth:
	Place of Birth:
	Education:
	Occupation:
	Activities:
	Interests:

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						