Patient Translation Guide

Inuktitut / English
Important contact information

Health Centres

Arctic Bay
(867) 439-8816

Arviat
(867) 857-3100

Baker Lake
(867) 793-2816

Cambridge Bay
(867) 983-4500

Cape Dorset
(867) 897-8820

Chesterfield Inlet
(867) 898-9968

Clyde River
(867) 924-6377

Coral Harbour
(867) 925-9916

Gjoa Haven
(867) 360-7441

Grise Fiord
(867) 980-9923

Hall Beach
(867) 928-8827

Igloolik
(867) 934-8837

Iqaluit- Qikiqtani General Hospital
(867) 975-8600

Iqaluit- Public Health Centre
(867) 975-4800

Kimmirut
(867) 939-2217

Kugaaruk
(867) 769-6441

Kugluktuk
(867) 982-4531

Pangnirtung
(867) 473-8977

Pond Inlet
(867) 899-7500

Qikiqtarjuaq
(867) 927-8916

Rankin Inlet
(867) 645-8300

Repulse Bay
(867) 462-9916

Resolute Bay
(867) 252-3844

Sanikiluaq
(867) 266-8965

Taloyoak
(867) 561-5111

Whale Cove
(867) 896-9916
When dealing with health centres in Nunavut, Nunavummiut have the right to communicate and receive available services in their official language of choice; Inuit language, English or French.

To be served in Inuktitut, please contact:
How to use this booklet

This booklet is available to help communication between an Inuit speaking Inuktitut and an English speaking health professional. Bring this booklet with you to your appointment at the health centre or the hospital.

This “Patient Translation Guide” is based on the “Passeport Santé” produced in 2012 by Newfoundland and Labrador French Health Network www.francotnl.ca/reseausante.
What's in this booklet?

- GENERAL QUESTIONS 6
- TYPES OF PAIN 9
- WHERE DOES IT HURT? 11
- MUSCULAR AND JOINT PAIN 12
- COLD AND FLU SYMPTOMS 14
- NEUROLOGICAL SYMPTOMS 15
- DIGESTIVES SYMPTOMS 16
- TOTS & TEENS 17
- BODY PARTS 20
- EMOTIONS 26
- TESTS AND SPECIALISTS 27
GENERAL QUESTIONS

How are you today?

Are you comfortable?

Show me where you are injured.

Where does it hurt?

Does it hurt when you…breathe / swallow / urinate / walk?

Are you having chest pains?

Are you having shortness of breath?

When did your symptoms start?

Take a deep breath in. Breathe out.

Please lie down.
Are you taking any medication?

Do you have a list of your medications? How many times a day do you take your medications?

Do you have any allergies? Are you allergic to any medications?

Do you have any health problems?

Do you suffer from a disease?

Do you bleed easily?

Have you ever had a reaction to anesthesia?

Are you allergic to penicillin?

Do you drink alcohol? How many drinks per day?

Do you smoke? If so, how many cigarettes per day?

Do you have heart disease?
Do you have high blood pressure?

Do you have lung disease?

Do you have diabetes? Do you take any medication for your diabetes? Did you take your medication today?

Do you have a STI (sexually transmitted infection)?

Are you pregnant?

Are you breastfeeding?

We will need to send you for blood work and a urine specimen.

We will need to take some X-rays.

I am referring you to ________________________________.

Please wait here and someone will call your name.

You have an appointment with ________________________________ on ________________________________.
Do you have health coverage?

Do you have a special diet?

We need to insert an intravenous.

We need to insert a catheter.

<table>
<thead>
<tr>
<th>TYPES OF PAIN</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbing pain</td>
<td>Throbbing pain</td>
</tr>
<tr>
<td>Burning pain</td>
<td>Stabbing pain</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>Crushing pain</td>
</tr>
<tr>
<td>Constant pain</td>
<td>Squeezing pain</td>
</tr>
<tr>
<td>I have pain</td>
<td>Severe pain</td>
</tr>
</tbody>
</table>
How would you best describe your pain right now? Using numbers 1 through 5, describe your pain. The number 1 is for minor, slight pain and number 5 is for the worst pain imaginable.

My pain is…out of 5.
**Why does it hurt?**

<table>
<thead>
<tr>
<th>Where it hurts</th>
<th>AW</th>
<th>b</th>
<th>d</th>
<th>c</th>
<th>AW</th>
<th>b</th>
<th>d</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anus</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gums</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot (feet)</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye(s)</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armpit</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheek</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penis</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vagina</td>
<td>AW</td>
<td>b</td>
<td>d</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- AW|b|d|c: Anus
- AW|b|d|c: Groin
- AW|b|d|c: Elbow
- AW|b|d|c: Jaw
- AW|b|d|c: Gums
- AW|b|d|c: Hand(s)
- AW|b|d|c: Side (ribs)
- AW|b|d|c: Back
- AW|b|d|c: Arm
- AW|b|d|c: Chin
- AW|b|d|c: Tooth (teeth)
- AW|b|d|c: Leg(s)
- AW|b|d|c: Head

- AW|b|d|c: Muscles
- AW|b|d|c: Joints
- AW|b|d|c: Stomach (belly)
- AW|b|d|c: Ear(s)
- AW|b|d|c: Chest
- AW|b|d|c: Nose
- AW|b|d|c: Thigh
- AW|b|d|c: Mouth
- AW|b|d|c: Neck
MUSCULAR AND JOINT PAIN

Painful

Numb

Tender

I fell and hurt my...

I twisted my ankle while walking.

I did (not) hear a cracking sound.

I felt a tear.

It hurts when I move it.

I was (not) able to walk on it after.

It does (not) feel numb.
I have lost feeling in this area.

I still have feeling, but my strength has decreased in this area.

It hurts more when I walk up (down) the stairs.

It feels like my knee will give out.

The swelling hasn’t gone down.

The stiffness lessens as the day progresses.

It is not as swollen as it was.

I have heartburn and cannot take anti-inflammatory medications.

I have unexplained shakes.
COLD AND FLU SYMPTOMS

Sinus pain
Difficulty swallowing
Fever (above 37.5 °C / 99.5 °F)
General discomfort
Cold sweats
Fatigue
Nausea
Greenish phlegm
Muscle aches
Ear aches
Blocked, plugged ears
Nasal congestion
Runny nose
Chest pain
Cough with phlegm
Dry cough
NEUROLOGICAL SYMPTOMS

Change in personality

Episode of bizarre behaviour

Dizziness

Difficulty speaking or understanding

Difficulty walking or moving

Memory loss

Strange movement in certain areas of the body.

Double vision

Confusion

Ringing in the ears

Drooping eyelid
ᓈᑯᑦ / DIGESTIVE SYMPTOMS

 Burning in the throat
 Constipation
 Reflux
 Nausea
 Vomiting
 Gas and flatulence
 Indigestion
 Abdominal pain
 Abdominal swelling, bloating or distention
 Diarrhea
Acne
Blister
Appendicitis
Conjunctivitis
Swimmer’s itch
Dehydration
Diptheria
Cold sores
Bedwetting
Urinary tract infection
Mononucleosis
Club foot
Human papillomavirus (HPV) for girls
Birthmark
Puberty
Sinusitis
Asperger syndrome
Stuttering
Congenital heart disease
Eczema
Warts
Fever

Group A

Group AB

Group B

Group O

Blood type

Chicken pox

Rubella

Rash

Impetigo

Measles

Polio

Growth problem

Cystic fibrosis

Tuberculosis

Pneumococcal conjugate

Leukemia

Acute lymphocytic leukemia

Acute myeloid leukemia

Hepatitis B

Choking

Cavities (dental)
Tetanus
Scabies
Bites and stings
Immunization
Lice
Cradle cap
Sudden infant death syndrome
Roseola
Shaken baby syndrome
Scarlet Fever
Strabismus
Tummy ache
Colic
Ear infection
Sunburn
Spina bifida
Tonsillitis
Mumps
Cleft palate
Epilepsy
Whooping cough
Pinworms
Jaundice
This section can help you to describe your symptoms.

- **Anus**
- **Little finger**
- **Palm**
- **Breast(s)**
- **Colon**
- **Dimple**
- **Ear drum**
- **Meningitis**
- **Diaper rash**
- **Cerebral palsy**
- **speech delay**
Elbow

Esophagus

Eyelid

Foot (feet)

Gums

Intestine

Iris

Large intestine

Pupil

Retina

Small intestine

Testicles

Throat

Wrinkle

Armpit

Ear wax

Flesh

Scalp

Hernia

Beard

Buttocks

Moustache

Cheek

Penis
<table>
<thead>
<tr>
<th>ᐃᐊᓚᒃᑳᖅ</th>
<th>ᐆᐊᓕᖃᑦ</th>
<th>Pore</th>
</tr>
</thead>
<tbody>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᐃᓕᖅ</td>
<td>Skin</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᐃᑫᑐᖅ</td>
<td>Tongue</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᕐᐹᖓ</td>
<td>Vagina</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᓇᓪᓕᐅᔪᖅ</td>
<td>Membrane</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᕐᐹ</td>
<td>Membrane</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Wrist</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᕐᐹ</td>
<td>Heart</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Forearm</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᕐᐹ</td>
<td>Groin</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Arch</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Back of hand</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Blood</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Finger(s)</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Hand</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Jaw</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Sole</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Stomach</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Wrist</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Knuckle</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Fist</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Lung</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Toe</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Bone marrow</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Heartbeat</td>
</tr>
<tr>
<td>ᐃᐊᓚ</td>
<td>ᖃᓪᓕᐅᔪᖅ</td>
<td>Index finger</td>
</tr>
</tbody>
</table>
Liver
Torso
Human Body
Shoulder
Back
Nape
Rib
Adam’s apple
Chin
Arm
Kidney
Blood vessel
Vein
Artery
Mole
Double chin
Heel
Tooth (teeth)
Face
Freckle
Thumb
Nail
Cuticule
Ring finger
Nipple
Fingertip
Fingerprint
Spleen
Leg
Skull
Head
Bottom
Hair
Muscle
Ligament
Calf
Bladder
Abdomen
Belly
Ear
Hip
Knee cap
Knee
Back of knee
Bile
Gallbladder
Bile duct
Nostrils
Chest
Bone
Waist
Shin
Palate
Nose
Spinal cord
Spinal column
Middle finger
Eyelash
Tonsils
Neck
Thigh
Eyebrow
Mouth
Forehead
Navel
Brain
Aorta
Lip(s)
Cartilage
<table>
<thead>
<tr>
<th>Δᐸᒻᒧᑕ / EMOTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ᐃᒻᒥᓃᕈᒪᔪᖓ</td>
</tr>
<tr>
<td>Suicidal</td>
</tr>
<tr>
<td>ᐃᑲᒃᐱᒋᓃᑦ/ᓂᙵᐅᒪᔪᖓ</td>
</tr>
<tr>
<td>Boredom/tedium</td>
</tr>
<tr>
<td>ᐃᓂᕈᐊᔭᒻᒪᑦᑐᖓ/ᒋᓗᓕᐅᖅᑲᔪᖓ</td>
</tr>
<tr>
<td>Panic</td>
</tr>
<tr>
<td>ᐃᓕᓚᐅᕐᒪᔪᖓ/ᒋᓗᓕᖅᓯᒪᔪᖓ</td>
</tr>
<tr>
<td>Paranoid</td>
</tr>
<tr>
<td>ᐃᖃᓗᒃᑯᐊᒃᑯᕙᓪᓕᕈᒪᑦᑐᖅ</td>
</tr>
<tr>
<td>Delirious</td>
</tr>
<tr>
<td>ᐃᖃᓗᒃᑯᐊᒃᑯᕙᓪᓕᕈᒪᑦᑐᖅ</td>
</tr>
<tr>
<td>Nostalgic/homesick</td>
</tr>
<tr>
<td>ᖃᖃᖅᓯᖅᑐᖓ</td>
</tr>
<tr>
<td>Worried</td>
</tr>
<tr>
<td>ᖃᒻᒥᔪᖓ</td>
</tr>
<tr>
<td>Irritable</td>
</tr>
<tr>
<td>Understand</td>
</tr>
<tr>
<td>Edgy</td>
</tr>
<tr>
<td>Nervous</td>
</tr>
</tbody>
</table>
Sad
Sadness

Tests and Specialists

Ophthalmologist
Dermatologist
Volunteer
Electrocardiogram (ECG or EKG)
Psychiatrist
Electroencephalography
Psychologist
Cardiologist
Physiotherapist
Pathologist
Mammogram
Nurse
Colonoscopy
Oncologist
Mammogram
Pathology
Pharmacist
Surgeon
Magnetic Resonance Imaging (MRI)
Radiology
Radiologist
X-ray
Dentist
Dental surgeon
Dietician
Pediatrician
Bone density test
Doctor
Neurologist
Biopsy
Computerized Axial Imaging (CAT scan)
Note:
Note: