SPEECH READING MANUAL IN KANNADA FOR ADULTS

Reg. No. M 9622

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AN INDEPENDENT PROJECT SUBMITTED IN PART FULFILLMENT FOR THE

FIRST YEAR MASTER'S DEGREE IN SPEECH AND HEARING TO THE

UNIVERSITY OF MYSORE

ALL INDIA INSTITUTE OF SPEECH AND HEARING
MYSORE - 570 006
INDIA
1997

DEDICATED TO MY

APPA AND AMMA
AND
SISTERS

WHO'VE TOUCHED MY LIFE IN SO MANY WAYS

DECLARATION

This independent project entitled **"SPEECH READING MANUAL IN KANNADA FOR ADULTS"** is the results of my own study under the guidance of **Dr. (Mrs) Asha** Yathiraj, Reader in Audiology. All India Institute of Speech and Hearing, Mysore and has not been submitted earlier at any University for any other Diploma or Degree.

Mysore

May 1997 Reg: No. **M9622**

CERTIFICATE

This is to certify that this Independent Project entitled **"SPEECH READING MANUAL IN KANNADA FOR ADULTS"** is the bonafide work, done in part fulfillment for the first year of the Master's Degree in Speech and Hearing of the student with Registration No. M-9622.

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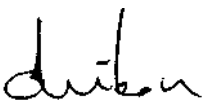

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CERTIFICATE

This is to certify that this Independent Project entitled **"SPEECH READING MANUAL IN KANNADA FOR ADULTS"** has been prepared under my supervision and guidance.

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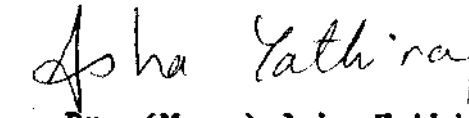

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CHAPTER-1

INTRODUCTIOH

It is reported by (Stenenson, 1982) that "deafness is worse than blindness. It is the loneliness, the sense of isolation that makes it so and the lack of understanding in the minds of ordinary people. The problems of a child who is hearing impaired from birth is quite different from that of a post lingually hearing impaired individual. However, for all hearing impaired individuals the loss in hearing results in a communication problem".

Since communication is a process which involves the whole human person and since communication is fundamental to normal human development it becomes priority number one (Denton, 1971). In almost every human society primitive or complex, the primary mode of communication is by speaking and hearing (Berger, 1978). When human beings communicate, it is for the purpose of sharing thoughts, feelings, ideas and emotions. Communication is thus social and interactive, requiring participants to act at times as both receiver and sender of information. Effective communication occurs when individuals accept their shared responsibility to provide feedback on how the content of a message was received either verbally or nonverbally and when responses are made that are appropriate to the person, setting, topic and task of the communication. The interaction of all these components contributes to successful exchange of information between

people. This basic communication process becomes more difficult, however, when one of the participants has a hearing loss.

A severe or profound hearing impairment makes social or on the job communication a daily exchange, placing demands on residual hearing and vision and usually increasing the individuals reliance on alternative means of communication. The most important of these is the speech reading.

Speech reading is defined as the "ability to understand a speakers thought by watching the movements of the face and body and by using information provided by the situation and the language" (Garretson, 1985). Speech reading or lip reading is U3ed today to describe the art of gaining information about what is being said by watching the lips and facial expression. Lip reading is the better established term and was used almost exclusively from the 1900's up to the 1930's or perhaps seen later. Since that time, there has been a conscientious effort by a large number of teachers to change the generic term to speech reading (Jeffers and Barley, 1971).

The term lip reading has the advantage of being well established. Almost everyone has heard of lip reading and understands that it cannotes the skill of watching the lips in order to improve comprehension. The term speech reading is still not generally understood by the public at large (Jeffers and Barley, 1971).

Individuals who require speech read instruction:

Every one, at times needs to speech read. The deprivation can be either environmental or organic. Those who have normal hearing need to speech read in an exclusively noisy environment, such as a cocktail party or when sitting at the back of a church or lecture hall. All hearing handicapped individuals need to speech read, some of them only part of the time, while other never receive enough information through hearing alone to put the message together and must always rely on a dual channel system - ears and eyes for receiving the necessary sensory stimuli. However, it is not everyone who requires instructions for speech reading.

In general, speech reading instruction is needed by any hearing handicapped child and all hearing handicapped adults who, though wearing hearing aids, find that at times they are having difficulty following the spoken word. The need for speech reading instruction will depend upon and vary with the following factors:

1) The amount of self teaching
2) The adequacy of the hearing aid
3) The extent, configuration and nature of the hearing loss
4) Individual differences in ability in mastering the skill, knowledge of the language and the nature of instruction.

How to determine an individuals need for speech reading instruction:

Any adults with a good hearing aid who still finds that he is not understanding the conversation of those around him needs instruction. He will usually beware of this himself or if he is not, his family will be and he will be urged to seek instruction.

Aim of the study:

Aim of this study is to develop a speech reading manual for adults who reads and speaks Kannada. This manual is meant to improve or develop communication skills of hearing impaired adults.

This Kannada speech reading manual is useful for:

- Kannada speakers in any region irrespective of dialect variation
- Individuals who are post lingually deaf
- Hearing impaired persons who either uses or does not use a device
- Individuals with a language age of ten years & above.

This manual consists of different speech reading activities progressing from easy activities to more difficult activities.

Need for speech reading manual in Kannada:

To date no such manual has been developed in India for hearing impaired individuals. It will serve as a guide for speech and hearing professionals during therapy. It can also be used by literate hearing impaired individuals.

Since India is a multilingual country, we need to develop speech reading manual in different languages. This present study aims to develop a speech reading manual in Kannada.

CHAPTER-2

REVIEW OF LITERATURE

Speech reading is a complex information processing task and it is well known from both clinical observation and experimental studies that individuals vary widely in their ability to speech read. However, it is not so well known how and to what extent different subjective variables contribute to this variation in performance (Gailey, 1987; Lyxewell, 1989).

Speech reading instruction for adult hearing impaired individuals has been conducted atleast since the early 1900's. The formal teaching of lip reading has a long history. Johnson (1775) visited a college for the deaf in Edinburgh and wrote "....." if he that speaks looks towards them and modifies his organs by distinct and full utterance, they know so full well what is spoken, that is an expression scarcely figurative to say, they hear with the eye". Johnson (1775) also mentions earlier teaching of the deaf in Spain and England. Lip reading technique has 3een dramatic development in this century. As a result, a series of well defined adult methodologies have been developed by (Bruhn, 1942; Bunger, 1932; Kinzie and Kinzie, 1931; Nitchie, 1950). Despite the leadership shown by these teachers of speech reading, there has been little research demonstrating the effectiveness of these methodologies.

Binne and Alpiner (1969) investigated the efficacy of analytic and synthetic methodologies and concluded that little difference in pre and post treatment scores were apparent.

Training Procedure:

Training methods vary widely. Some programs advocate a counselling approach without specific drill, criteria and goals (Fleming, 1973; Fleming et al 1973). However, most speech reading programs are either analytic or synthetic.

The analytic programs incorporate training in the discrimination and identification of specific phonemes in a hierarchic fashion in an attempt to improve speech reading skills (Owens, 1978; Smith and Karp, 1978).

The synthetic programs stress the whole, rather than specific parts of the speech signal, by using, at a minimum sentence length material. Emphasis is placed on obtaining the gist of message through listening skills, learning of linguistic rules & situational redundancy (Jeffers & Bareley, 1979; Sanders, 1982).

Newer teaching techniques stress enhancement of Functional communication rather than formal teaching, in order to maximize cues from residual hearing and discourse context (Green and Green, 1984).

Analytic and Synthetic Drill:

Analytic and synthetic speech reading skill learning and drill work should be taught in tandem. Requisite baseline analytic skills are needed as ground work support for synthetic speech reading skills and integration of higher linguistic decoding of the speech message. The simultaneous use of analytic and synthetic speech reading skills along with behaviour modification, counselling and speech tracking techniques can be implemented to achieve the overall goal of enhanced communicative functioning via speech reading (Spitzer, 1993).

The profoundly hearing impaired adult living in and interacting with the hearing world relies heavily on speech reading for correct interpretation of oral discourse (O'Neil and Oyer, 1981).

Bhagia, 1992 recommended that when working with implant patients at the analytic level, rehabilitation should concentrate on the development of skill in discrimination of speech features.

Sanders (1982) made a point of not separating vision from audition in the communication training of hearing impaired children and adult. He noted that except for a person with little or no useable residual hearing, visual communication training is inseparable from auditory training. To consider it as a separate aspect of communication

requiring separate training is to ignore the indispectable finding that audiovisual speech processing is superior to auditory or visual processing alone under degraded listening conditions.

Sander (1982) supported this statement by reference to Binne and Alpiners (1969) study of the effectiveness of lip reading training. They provided nine one hour weekly lessons to ten hearing impaired adults who had no previous lip reading instruction. Half the subjects were trained by the Jena analytic method and half by the Nitchie synthetic method. A third group of five hearing impaired adults received no instruction what so ever. At the end of the experiment a comparison was made of the pre and post instruction scores on the Utley silent film word and sentence test and on an individual phoneme recognition test. Statistical analysis showed no significant difference between pre and post test conditions for any of the three groups.

Identification of consonants and vowels:

Jeffers and Barley (1980) divided the consonants and vowels into four different visemic (grouping of phonemes by their visual cues) categories. The consonant categories are:

1) /p,b,m/
2) /w,r/
3) /f,v/
4) /θ,ð/
5) / ,ʒ,+ $d_ʒ$ /s,z/ /t,d,n,l/ and /k,g, ŋ,j /

(Group 4 consonants can be further distinguished by sub groupings).

The vowel categories are;

1) /u,v.o,u,r/

2) /a,u /

3) / ɔ, ɔi /

4) /i,I,eI, ʌ, ɛ,æ, ɑɪ /

It is easier to identify consonants and vowels across visemic categories than within visemic categories, but, even in the best of conditions, only approximately 70% of speech sounds are interpretable visually.

A speaker can produce thirteen to fifteen speech gestures per second; but the listeners eye can resolve only 8 to 9 gestures per second (McCarthy and Culpepper, 1987).

To make the act of speech reading even more difficult, consonant and vowel visual confusions are influenced by speech reading skill, the speaker, positioning and lighting, co-articulation and rate of speech.

Certain phonemes are more easily identified visually and others more easily identified auditorily. For eg: manner of articulation and the voiced/voiceless contrast are more auditorily oriented, while place of articulation is more visually oriented (Miller and Nicely, 1955; Binnie, Jackson and Montgomery, 1976; Jackson, Montgomery and Binnie, 1976).

The patient must be trained to identify the phoneme in order to enhance speech reading skills. In other words, the late deafened adult must be taught the correct identification of consonants and vowels by either visual and auditory input cues, visual and tactile input cues or visual and electrical input cues. This provides the speech reader with the requisite information from which to integrate knowledge of individual phonemes for discrimination decoding of syllables, words and sentences - length materials.

The following sections gives a review of training programs that have been used in the recent, past years.

Training in consonant recognition:

Since lip reading is an important channel for hearing impaired individuals to receive information it has been a fundamental component of most audiologic rehabilitation programs. Although neumerous lip reading training paradigms have been proposed over the years, there have been very few systematic investigations of the effectiveness of these procedures or lip reading training in qenexral.

Walden and his collegues (1981, 1977) have suggested that analytic visual consonant recognition training can be beneficial for mild to moderately hearing impaired adults. These investigators presented subjects with nonsense syllables in a series of exercises (identification and same/different tasks) that were graduated in difficulty and

in which the 'primary training technique was 100% feedback as to the correctness of subjects responses'. Improvements in both the number of visemes correctly recognised on a visual consonant recognition task as well as the number of sentences correctly identified on an auditory visual test of sentence recognition were observed following training.

Lesner, Sandridge, Kricos (1987) compared visual consonant and sentence reception in three groups of ten normal hearing young adults including a training group. They received fourteen hours of videotaped analytic visual consonant recognition training with 100% feedback concerning the correctness of their responses. A pseudo training group also received the same treatment as the training group with the exception that they were not given any information about whether their responses were correct or not. The third group consisted of a control group. While all three groups scored significantly higher on the post treatment visual consonant recognition test, there was no significant difference between the training group and the pseudo training group in terms of improvement scores. Further more, none of the groups, improved in their ability to recognize visually presented sentence length material.

Walden, Prosek, Montgomery, Scherr and Jones (1977) reported research indicating that lip reading training can improve the visual consonant recognition performance of patients with high frequency sensorineural hearing losses.

An increase in the number of visemes recognised and an improvement in the reliability with which visemes were identified resulted from fourteen hours of training.

Although, the findings of Walden et al (1977) were encouraging, their results must be interpreted in relation to the basic assumption underlying all speech recognition training, that is, it will improve the patients ability to understand conversational speech, under more realistic listening situations. They pointed out, as did Owens (1978) that the assumption that improvement of consonant recognition ability will enhance comprehension of larger units of speech such as phrases or sentences, is virtually untested.

Walden et al (1977) further suggested that their research should be extended to include training in the auditory modality as well as lip reading training.

Walden, Erdman, Mantgomery, Schwartz & Prosek (1981) studied two groups of ten subjects. Each received seven hours of either auditory or visual consonant recognition training, in addition to a standard two week -group oriented, inpatient aural rehabilitation program. A third group of fifteen subjects received the standard two week program, but no supplementary individual consonant recognition training. An audio visual sentence recognition test, as well as tests of auditory and visual consonant recognition were administered both before and following training. Subjects in all 3 groups significantly increased in their audio visual

sentence recognition performance, but subjects receiving the individual consonant recognition training improved significantly more than subjects receiving only the standard two week program. A significant increase in consonant recognition performance was observed in the two groups receiving the auditory or visual consonant recognition training.

Walden, Prosek & Montgomery (1975) studied visual recognition of consonants in thirty one hearing impaired adults before and after fourteen hours of concentrated, individualized, speech reading training. Confusions were analysed via a hierarchial clustering technique to derive categories of visual contrast among the consonants. Pre training and post training results were compared to reveal the effects of the training program. Training caused an increase in the number of visemes consistently recognized and an increase in the percentage of within viseme responses. Analysis of the response made revealed that most changes in consonant recognition occurred during the first few hours of training.

Montgomery, Walden, Schwartz and Prosek (1984) described and evaluated a new method of training auditory-visual speech reception on an experimental group of twelve hearing impaired adults. The method involved simultaneous live presentation of the visible and acoustic components of the therapist's speech where the acoustic signal was degraded under the

therapist's control with a voice activated switch. Pre and post training performance was assessed with an auditory visual sentence recognition task. The performance of the experimental group who received ten hours of individual training was described and compared to a control group who received a traditional aural rehabilitation program and to a group of normals who received no training. The experimental training resulted in significantly greater improvement than the control group.

Training in vowel recognition:

Franks, Oyer (1967) studied the influence of the known vowel consonant stems of monosyllabic words on the identification by lip reading of the initial consonants of words. Each of the seven consonants was united with different VC endings so that seven sets of monosyllabic stimulus words were developed. Four speakers were filmed uttering the resulting seventy six stimulus words and the silent film was shown to eighty college students divided into four groups. The stem of each word was made known to the subjects and they were asked to identify the remaining initial consonant by lip reading. It was found that knowledge of the VC stems caused difference in accuracy of identification of the same initial consonant by lip reading. The numbers and familiarity of the rhyming alternative words appeared to be factors influencing the identification of the

consonant but familiarity of the stimulus words themselves did not.

Training in sentence recognition:

Several investigators have found that both the auditory and visual intelligibility of words depend on the context in which they occur. Miller, Heise, and Lichten (1951) demonstrated that normal hearing adults who listened to speech in noise could understand words heard in sentences considerably better than they could understand the same words presented in isolation.

Numbers and Hudgins (1948) reported that sentences were easier for deaf children to lip read than were single words (but they did not describe their procedure for scoring entire sentences).

Taafee and Wong (1957) noted that the first few words in a sentences usually were easier for normal hearing adults to lip read than were the last few.

In contrast, Blasdel and Jensen (1970) who evaluated normal hearing children on an auditory memory task, found that the last (fourth) syllable in a string of nonsense syllables was the one most likely to be imitiated correctly.

Contrary to all of these studies, Hipskind and Nerbonne (1973) whose subjects were adults with normal hearing reported that spondaic words were no more intelligible

visually when placed in sentences context than when they occurred in isolation, and that the words position in the sentences was not a significant factor.

Erber and Mahan (1976) determined the effect of context on word intelligibility through lip reading on twenty monosyllabic nouns (ten animate, ten inanimate) in isolation and in three different positions in sentences. This was presented to fifteen profoundly deaf children. Isolated words were more intelligible (80%) than were words in sentences (46%). Animate nouns were more intelligible (70%) than inanimate, nouns (33%) when used in initial position (as subjects) in sentences. Teacher ratings of children's 'general lip reading ability' were correlated more highly with their recognition of words in the test sentences (r=0.93) than with their recognition of words presented in isolation (r=0.53). The results indicated that teachers of deaf children could enhance the intelligibility of important words by isolating them from sentences. The results also suggests that some speech perception difficulties of deaf children could be diagnosed through lip reading tests which were scored on the basis of correctness of 'key words' in sentences.

Garstecki and 0' Neill (1980) studied the influence of situational cues and reasoning strategies on speech reading in normal hearing and minimally hearing impaired adults. Everyday speech sentences (Davis and Silverman, 1968)

produced by a female talker were videotaped without sound in the context of a visual background scene. A non-verbal acoustic signal was matched to each sentence and dubbed onto the recording. Thus, each test item consisted of an inaudible sentence presented with an optical and acoustic situation cue. The experimental task was structured so that subjects speech read sentences using deductive or inductive reasoning strategies. Results demonstrated greater success in speech reading when sentences were matched with related situational cue than when unrelated cues were provided. This differences was noted only when inductive reasoning was used. The findings suggests that situational cues are most useful to the speech reader. When he can be assured that a stronger relationship exists between the spoken message and the talkers situational back ground.

Binne (1976) reported that a pseudo dialogue format was an effective strategy for developing listener/viewer confidence. This procedure involved selecting a specific topic such as carpentry, cooking, economics, hobbies, natural resources and so forth, from which a number of questions and answers were developed. The client read (out loud to himself) a question prepared by the clinician such as "what type of leisure time activities do you enjoy ?" "He then observed the clinician who replies without voice". 'My favorite summer activity is golfing'. The client then wrote down what he thought the clinician had said and read the next question which may be "how often do you get to play ?" to

which the clinician may answer, "I usually play on Saturday morning". The clients next printed question would be "Is that all you get to play ?" to which the clinician's mouthed response would be. "Every now and then I sneak out during the week". This give and take provided the listener with a preparatory set while attempting to interpret speech visually.

SPEECH TRACKING PROCEDURE:

Speech tracking procedure (some times called connected or continuous discourse tracking (CDT) is a procedure for training and evaluating the reception of on going speech (De Filippo and Scott, 1978). It was first developed by De Filippo and Scott in 1978. Since that time the tracking procedure has become a key element in many aural rehabilitation and rehabilitation programs provided for hearing impaired children and adults.

Although there have been a number of reports on the use of tracking as a training procedure (Danz and Binnie, 1983; Lesner and Kricos, 1987; Osberger et al 1987; Owens and Raggio, 1987; Owens and Telleen, 1981) its major role, as Tye Murray and Tyler (1988) have pointed out, has been as an evaluative tool.

For eg: The tracking procedure has been used in the evaluation of Cochlear implants (Dowell et al 1985; Levitt et al 1986; Martin et al 1981; Robbins et al 1985), electronic

tactile aids (Brooks et al 1986, Cholewiak and Sherrick 1986, Cowan et al 1991: De Fillippo 1984: Plant 1988: Weisenberger et al 1989: Ohngren 1992) and "natural" tactile approaches such as Tadoma (Reed et al 1992) and Tactiling (Plant and Spens 1986).

Description of the tracking procedure:

De Filippo (1988) provided the following description of the original form of the tracking procedure. "The basic procedure requires that the sender (a talker) read from a prepared text, phrase by phrase, and the receiver (the speech reader or receiver) repeat verbatim what the sender has said. If the receiver does not give a verbatim repetition, the sender is to apply some oral strategy to correct the response before going on to the next phrase. The procedure is timed and scored in number of words per minute (wpm) transmitted" (De Fillippo, 1988).

Advantages and disadvantages of speech tracking:

The method has a number of important advantages:

1) The procedure is a straight forward one and requires no special training for either the sender or receiver and no special equipment.

2) The method of scoring is easy to understand and gives a measure of the fluency with which the receiver can "tract"

3) Speech tracking has high face validity as it, in part, replicates every day communication using connected discourse. As Tye Murry and Tyler (1988) point out "specialists desire a test with a high face validity, one that indexes how well a subject recognises speech encountered in normal every day life.

4) Material can be drawn from a virtually unlimited number of sources and can be selected to meet the language skills and lip reading ability of individual subjects.

There are also a number of potential problems with the procedure.

Tye Murray and Tyler (1988) in a critique of the method list such factors as text selection and uncontrolled sender and receiver characteristics.

The following parameters also act as sources of variability in the tracking score:

- text difficulty
- speaking rate
- repair strategies
- some language characteristics
- scoring metric

Text difficulty:

Hochberg, Rosen and Ball (1989) have investigated the effect of three levels of text complexity upon CDT in normal listeners who tracked by lip reading alone and by lip reading with auditory presented voice pitch. Text complexity

affected CDT under both lip reading conditions, with tracking rates decreasing as the level of text complexity increased. The improvement in tracking rate with the addition of voice pitch information was found to be invariant over changes in text complexity when expressed as a simple difference between the two tracking rates.

Speaking Rate

This is an uncontrolled sender-receiver characteristic, which numerically affects the tracking score very much. The faster the sender presents the material, the more words are possible to convey per time unit. This will have an increasing effect on the tracking score. However, the presentation rate will also have an effect on the number of blocked words, which will indirectly influence the tracking score. The presentation rate as well as the response rate may to some extent vary at random, by bias, will or motivation (Tye Murray and Tyler, 1988).

Repair Strategies:

The lack of a standardized protocol for dealing with breakdowns or "blockages" is a great problem (Owens and Teleens, 1981) in understanding, when the receiver is unable to lip read a certain word or a phrase.

Schoeplin and Levitt (1991) for eg: found large difference in the correction or 'repair' strategies used by

experimenters in various studies using CDT as an evaluation method.

Consequently, they argued, that the procedure is unstandarized and subject to a number of methodological variables. There have been attempts to specify the procedures to be used when blockages occur but none of these appear to have won wide acceptance.

De Filippo and Scott (1978) in their initial description of the method outlined the protocol they used to resolve blockages. If the repetition does not match the text exactly, the talker

a) chooses to present the segment again, making no change, modifying the style of presentation (especially timing and exaggeration of speech movements), shortening the segment to focus on a phrase, word, syllable or sound or lengthening the segment to review or purview phonetic or linguistic context.
b) chooses to instruct the receiver with context comments by labelling the error, labelling the topic or paraphrasing the text or
c) chooses to combine or sequence several strategies the basis for the talker's decision necessarily depends on the receivers errors and changes as receiver skill changes (De Filippo and Scott, 1978).

Owens and Telleen (1981) and Owens and Raggio (1987) attempted to shift the responsibility for overcoming blockages to the receiver. In their adaptation of the method, the receiver was trained to use a series of questions or requests when breakdown occurred. This approach had many benefits in training but in practice he receivers ability to use these strategies varied widely. As a result, the amount of benefit derived varied widely from receiver to receiver and greatly influenced the tracking rate obtained in experimental studies.

Robbins et al (1985) noted that the sender must follow a hierarchy of repair strategies. For instance, when comprehension does not occur, the sender must first repeat the phrase, then reword it, provide a topic cue and so forth until either comprehension occurs or the word is finger spelled or signed.

There are other strategies which can be adopted when breakdowns occur. These include writing down, finger spelling and signing the word or words which the receiver cannot lip read. When artificially deafened hearing subjects are used in experimental studies, the sender may choose to present the blocked words to the receiver auditorily. The time taken for each of these correction methods varies considerably. Presenting the words auditorily or via sign is the quickest alternative while writing will probably occupy the most time.

Schoeplin and Levitt (1991) found that fewer than 7% of the talker-listener sequences extended beyond five trials before the word or words were recognized correctly.

It can be concluded that the type of correction strategy will have an influence on the tracking score and its variability.

Tye Murray and Tyler (1988) recommended a limited hierarchy of strategies to reduce talker effects.

In the computer controlling procedure (Gnosspelius and Spens 1992) it was suggested that only repetitions be use.

The last resort strategy used is to present the blocked word on a LED screen. That method takes about the same time as a repetition. It is fast and convenient and applies to both deaf and artificially deafened subjects.

Language Characteristics:

Where studies are conducted in different languages it is most likely that the final result will be influenced by differences in average word length. For eg: the average word length in English is 6.09 letters/word (Is/W) while in Swedish the average is 6.43 Is/W and German has as much as 7.69 Is/W. If phonetic data are more closely considered, these correspond to the time it takes to pronounce a word, the average values are 4.96, 5.94 and 6.78 phonemes/word, respectively (Carlson et al 1985).

In Swedish noun, for eg: all definite articles are indicated by a suffix, such as en hund (a dog) and hunden (the dog) i.e, it is just one word, while the English language uses two words to convey the same information. If this relation is linear, the use of Swedish in a tracking test would yield a result about 20% lower score than when English is used.

Scoring Matrics:

The W.P.M score will not represent the test condition of lip reading (De Filippo 1992).

Schoepflin and Levitt (1991) evaluated the method of CDT in terms of the strategies U3ed by the talker and the types of responses elecited from the listener. Talker utterances were classified into 4 categories.

1) Complete repetition (of the initial ultrance)
2) partial repetition
3) Repetition with change in emphasis and
4) A combined strategy using 2 or more correction strategies.

Listeners responses were classified into 3 categories:-

1) Correct repetition of intended utterance
2) partial correct repetition
3) totally incorrect repetition or no response.

The listeners showed small best statistically significant differences in their response patterns. Much

larger differences were observed in the pattern of correction strategies used by the talkers. Differences in correction strategy were also observed between the early and later stages of a talker-listener exchange.

Tye Murray and Tyler (1988) have also shown the speech tracking is beneficial in teaching synthetic and analytic speech reading skills.

For eg: In synthetic speech reading practice, the receiver can concentrate on overall meanings and key words and not repeat verbatim.

In analytic speech reading practice the receiver can repeat every word as required in the original tracking procedure. (De Filippo and Scott 1978).

Speech tracking is most often used with enhanced auditory, (hearing aids) electrical (Cochlear implant) input speech tracking, however has also been used with vibrotectile assistive devices (Cholewiak and Sherrick 1986).

Computer-Assisted Interactive Video Methods For Speech Reading:

Current video related technology, such as computer-assisted interactive video (CAIV), can make speech reading drill both practical and pleasant for client and clinician. Further, interactive video technology enables detailed

assessement of instructional benefit and improved research capabilities.

According to Gagne, Dinon and Parsons (1991) "A major advantage of interactive video systems is that they make it possible to control the variability associated with the sender, the stimuli and the environment. Thus it is possible to isolate parameters related to the variable of interest (i.e the performance of the receiver).

Definition and Design of CAIV systems:

The interactive video system consists of a 'Library' of video images or sequences for which any number of different programs can be accessed by the host computer. Any segment of video information can be used in different combinations depending upon the needs of the learner and the content selected by the instructor. The interactive system consists of

a) a video storage/retrieval system, for eg: a video cassette recorder or video disc.
b) a computer system with a video monitor and
c) the built in or accessory interface that permits the computer to locate and playback the pre recorded video (Mahshie 1987).

Another hardware and software approach on the educational horizon is called Digital Video Interactive (DVI). This combination of desk top, high speed computer,

video processing board and optical read/write disc drive is the functional equivalent of a digital production studio containing mixers, tape decks, monitoring systems, effects processors and other items that connect together to record, modify and playback audio and video tracks (Green, 1992).

DAVID:

Sims et al (1979) first reported using a Dynamic Audio Video Interactive Device (DAVID) which consisted of a Wang 32 k (and later on Apple II) microcomputer interfaced to a 3/4 inch VCR with a separate microprocessor controller. Students viewed various talkers speaking 3ingle sentences. Depending upon the speech reading skill of the student, the instructor chose one of four levels of speech reading practice.

The first level required the student to respond by selecting an appropriate sentence form multiple choice items. The second level required the student to fill in the missing words in a sentence. A key word on two was given in the appropriate place with the blanks to be completed by the student. The number of words and phonemes in the sentence were indicated by underlining on the computer monitor. The third level had the key word given outside the context of the sentence as an advanced organizer but the computer screen for student response did not give any clues as to the length of the words or sentence. The fourth method required the student to speech read and then keyboard, verbatim, the

entire sentence. Students could obtain repetitions of the entire sentence on demand. Also, hints about the sentence topic and 'fill-ins' of missing letters or words were supplied by the computer-program to prevent frustration.

Assessment of speech reading gains was accomplished by taking key words from the practiced materials, embedding them in novel sentences and measuring pre and post test performance. In addition, the CID sentences (Jeffers and Barley 1971) and Jacobs (1982) speech reading test3 were administered. Performance was compared to a matched group of students who used conventional videotape instruction with paper and pencil write down responses.

For this pilot study, gains on the pre and post test measures were similar to conventional, non-computer, videotape drill and practice.

Sims et al (1982) replicated these results but found that when students were exposed to both methods they preferred CAIV as providing

a) better use of their time and

b) increased instructional benefit.

Recently, video disks have been produced on DAVID for college-aged deaf students to practice speech reading everyday sentences, job interview sentences, and college-related social sentences. Video di3c materials are presented with a Macintosh SE-30/Hyper card and C-based software with a

sony LDV 1500 video disc player. Talkers are interpreters and teachers from the National Technical institute for the deaf (NTID) who have been rated for overall visibility by speech reading instructors. Materials are used in conjunction with several ten week instructional courses that focus on communication strategies, viseme perception and sentence or paragraph length drill and practice exercises. Video disc playback enables students to view the whole sentence or re-articulated isolated words from the target sentence. Slow or fast speeds for viewing can be selected as well as playback with front or side views of the talkers face (45 degree azimuth). If the sentence is not understood, written hints are provided on the monitor regarding the topic of the sentence. In order to eventually achieve the required verbatim responses, letters and words can be filled in by the computer, upon student request, one at a time after each answer attempt.

Performance is measured by counting the time in seconds required until the student keyboards a verbatim identification response for the target sentence. It is assumed that if a sequence of training items are generally equivalent and the instruction is effective, then response times should decrease as skills improve (Tatsouka and Tatsouka 1978).

Sims, Snell and Elymer (1984) have found this expected trend for response times averaged across subjects using time series and regression analysis.

ALVIS:

Kopra et al (1986) first described the use of Sony view Video disc system for speech reading training. The auditory visual bases video disc interactive system (ALVIS) was designed to provide supplementary drill and practice to post lingually hearing impaired adult3. The 300 sentences with previously established item difficulty levels were arranged in twelve lists with twenty five sentences each. There were two different drill conditions.

a) 'ALVIS/clue words' with word clues printed on the screen accompanying- auditory clues gradually faded in (2 dB steps/ sentence repetition). Additionally, the program progressed from sentences which were 'easy' to 'medium' to 'difficult'.

Since the ALVIS programs were short sentences composed of common words, minimal typing and spelling skills were needed. Gains from pre—test to post test training were comparable to speech reading drill and practice with a clinician conducting small group speech reading therapy.

Kopra et al (1986) indicated that presentation technique (i.e, ALVIS/clue words or ALVIS/hear) needed further research to determine whether the audio fade-in method provided optimal learning for a given subject.

CASPER:

Computer Assisted Speech Perception Evaluation and Training (CASPER) in an IBM PC based CAIV system (Boothroyd 1981; Boothroyd et al 1987) has provided multi-level assessment and training. The six laser discs produced included the following;

1) The THRIET (Three interval forced choice test) measured detection of one supra-segmental and eight segmental speech pattern contrasts in a varying phonetic contexts within nonsense syllables.

2) The SPAC (Speech Pattern Constrast Test) measured identification of two supra-segmental and eight segmental speech pattern contrasts in varying phonetic context within words and phrases.

3) The AB word lists included fifteen lists of ten consonant -vowel -consonant words in a carrier phrase. Each list contained the same thirty phonemes which permitted the estimation of phoneme and word recognition probability.

4) The CUNY topic-related sentence sets one-sixty contained twelve everyday sentences in each set. Sentences varied in length from three to twelve words. The same twelve 'everyday living' topics appeared in each of the sets which attempted to emulate conversations.

5) The continuous discourse test included seventeen short stories which were used to estimate word recognition performance and semi automated connected discourse tracking.

Each video disc could be used for testing, or/and training. These materials were used with adult users of the Nucleus Cochlear implant. Three subjects were categorized as 'highly successful' in terms of speech perception improvement post implant, while three others were considered to be 'less successful'. The introduction of formal training using the video disc at four months vs six months post implant had a significant effect on sentence perception by implant alone fro 'successful subjects'.

Boothroyd et al (1988) inferred that 'time on task' added significantly to the improvements in performance.

Iowa Cochlear Implant Program:

Tye-Murray et al (1988) developed three laser video disc programs using the IBM info-window touch screen video disc system for training the communication skills of new hearing aid users and Cochlear implant client. Program one consisted of eight audio visual exercises that required the client to discriminate and identify different consonants. Program two focused on (a) synthetic audio visual training (b) the development of 'assertive communication skills and (c) various conversational repair strategies. Program three

consisted of eleven exercises for communication practice in home and school settings.

Tye-Murray (1992) listed some benefits of CAIV for adult Cochlear implant users as follows:

a) Concentrated learning led to faster learning and helped to maintain the clients interest,
b) different versions of training software allowed the training difficulty to be adjusted for clients with poor language and or speech recognition by daily monitoring of progress,
c) speech reading practice occurred with many different talkers without leaving the clinical setting and
d) CAIV lessons were successfully used with family members in the rehabilitation process to improve appropriate speaking behaviours and repair strategies for communication breakdowns.

CAST:

Pinchora-Fuller and Benguerel (1991) developed and implemented a computer aided speech reading training system (CAST) using a PC platform with a video cassettee playback. Their system was designed as a component in a comprehensive aural rehabilitation programme for pre-retirement adults with acquired mild to moderate hearing loss. Eight lessons provided practice with consonant visemes. Each lesson had four components consisting of review of -

a) Previously target visemes.
b) training for a new viseme.
c) practice identifying visemes in segments of discourse and
d) a recapitulation.

Paragraph text3 contained high proportions of a target viseme. These texts were recorded as a continuous paragraph and as phrase length utterances. The instructor pre-selected the speaking rate, the phrase length, and the modality of presentation.

In CAST, the speech reader was allowed to elicit feed back by typing a guess, replaying the videotape, or moving to another phrase with the option to return later. There was a ceiling on the number of times that the message could be replayed before the answer was given. After all the phrases of the lesson had been completed, the entire paragraph was played at the slow presentation rate and then at the normal presentation rate to allow the speech reader to see the phrase integrated in an uninterrupted presentation.

With two groups of eight normal hearing adults, Gagne, Dinon and Parsons (1991) reported improvement in the experimental group in developing synthetic visual speech perception skills using CAST. Both the control group and the experimental group were given a visual consonant recognition test, a test of sentence understanding without context (key word and total word recognition were scored) a test of sentence understanding with context (key-word recognition

score) and a semi automated CDT activity. The experimental groups received on average twenty five to thirty hours of training with the eight training lessons of CAST. Two weeks after the experimental group completed the CAST training program, a post test protocol was administered. Significant differences between the control and experimental groups were found for total word recognition scores on the sentence understanding with context test and semi automated CDT activity. Given the other measures did not show improvement.

Gagne et al (1991) indicate that the potential benefits of CAST for hearing impaired individuals 'remains to be determined[1]. While the subjects who participated in the CAST training enjoyed the activities, they felt the lessons were too lengthy. (i.e, about seventy six minutes).

Speech reading has been used as rehabilitation procedure for several decades. Literature shows even to date its importance has not decreased as a rehabilitative tool. Speech reading has been used with hearing impaired individual who use or do not use any additional device. Recently, speech reading instruction can be done through computerized program.

CHAPTER - III

DEVELOPMENT AND RECOMMENDATION TO USE THE SPEECH READING MANUAL

The purpose of this manual is to enhance the overall communication of the hearing impaired individual through speech reading lessons. This manual serves as a guide for communication experts during therapy and as home training material for the literate hearing impaired person. This manual is usual for the following hearing impaired individuals:

- those who are post lingually deaf
- those who can speak and read Kannada
- those who use or who do not use an any device and
- those whose language age in ten years and above.

This manual consists of different speech reading activities progressing from easy to difficult items. It consists of sixteen different lessons dealing with analytic and synthetic methods. The words, phrases and sentences are taken from the different sources (Kannada text books III-VI th grade) and vocabulary/sentences used by Kannada speakers above the age of ten years. Each lesson contains instructions to carry out the activities. Though these activities have been designed to enhance speech reading abilities. They can be carried out using auditory and visual cues for those who have residual hearing. If the goal of the therapy is to

enhance speech reading abilities it is adviced that the device being used by the hearing impaired individual be switched off or the instructor talks in a soft voice. The patient should be seated at a distance of aproximately four to six feet from the clinician. The room should be well lit, with the lit falling on the face of clinician there should be no obstruction between the clinician and the patient.

There are different activities namely-discrimination and identification activities. All the activities are divided into section I and section II. Section I includes phonemes and word discrimination while section II includes phrase and sentence identification tasks. Totally there are sixteen different lessons. Each lesson contains seperate instructions to carry out the activities. Each of these lessons are described below:-

SECTION I

It includes identification and discriminition of phoneme and syllable.

LESSON I

IDENTIFICATION OF PHONEMES FROM A CHOICE OF TWO PHONEMES

In this activity, there are three lists. Each list consists of twenty pairs of non meaningful monosyllables.

A form containing the lists should be given to the patient. One of the monosyllables from each pair is said by

the clinician and the patient's task is to circle the target monosyllable on the work sheet.

Eg:- Written material in given to the patient: /Pa Ki/ /ಪ,ಕಿ/

Clinician says: /Pa/ /ಪ/

Patient task is to circle it as given: /Pa Ki/ /(ಪ),ಕಿ/

LESSON II

IDENTIFICATION OF PHONEMES FROM A CHOICE OF FOUR PHONEMES

This activity is an identification task. This task involves identification of nonsense syllables from a multiple choice. The lesson has one list, consisting of twenty groups of nonsense syllables. Each group has 4 syllables. A form containing the list is to be given to the patient. One phoneme from each group is said by the clinician and the patient's task is to circle the target.

Eg:- Written material is given to the patient:

/Pa ga ta na/ /ಪ,ಗ,ಟ,ನ/

Clinician says /'Pa'/ /ಪ/

Patient circles the phoneme, as given: pa ga ta na.

(ಪ),ಗ, ಟ, ನ.

LESSON III

IDENTIFICATION OF PHONEMES WITHOUT ANY ADDITIONAL CUE

This task involves identification of nonsense syllable without a multiple choice. It has one list of twenty

syllables. One syllable is said by the clinician to the patient and the patient's task is to repeat the same.

Eg:- Clinician says: /ta/ / /ತ/
Patient repeats: ta /ತ/

LESSON IV

DISCRIMINATION OP NUMBER OF SYLLABLES

* Two Syllables Vs Four syllables
* Two Syllables Vs Three syllables

This lesson has two lists of words. The first list consists of twenty pairs of words. Each pair has a two syllable word and a four syllable word.

Eg:- /ಮನೆ/ /ಗರಗಸ/
/mane/ - /garagasa/

The second list also consists of twenty pairs of words, with one word of each pair having a two syllable word and three syllable word.

Eg: /ಮರ/ /ಕನ್ನಡಿ/
/mnrn/ - /knn:ndi/

Each pair has words which have phonemes which differ in place of antipollution. Both list I & list II were prepared in such a way that the two syllable word appears either as the first word in the pair or the second word in the pair. The clinician says both the pairs of words as given in the manual. The patient's task is to indicate whether it was the

first or second word in the pair that had four syllables (for list I) and three syllables (for list II). If the patient has the ability he may be asked to repeat both the words also.

Eg: /mane/ - /garagasa/
/ಮನೆ/ - /ಗರಗಸ/

Clinician says: /mane/ /garagasa/
ಮನೆ ಗರಗಸ

Patients response: second one
ಎರಡನೆ ಯದ

LESSON V

IDENTIFICATION OF SIMILARITY OF ARTICULATORY MOVEMENTS

In this activity there are three lists containing twenty pairs of meaningful words. The lesson aims at training the hearing impaired individual to identify consonants.

In the first list one word of each pair has a two syllable word and a four syllable word.

Eg: /ಮನೆ/ - /ಗರಗಸ/ /ಕತ್ತೆ/ - /ಕಾಗೆಗಳು/
/mane/ - /garagasa/, /katte/ - /kagegalu/

In the second list each pair has a two syllable word and a three syllable word.

Eg: /ಪೆನ್ನು/ - /ಪೇಪರು/, /ಕುರ್ಚಿ/ - /ಆಕಾಶ/
/pennu/ - /paparu/, /kurchi/ - /akasha/

The third list has both words of each pair being be syllabic.

Eg: /ಮನೆ/ - /ಕಣ್ಣು/, /ಮನೆ/ - /ಮಗ/
/mane/ - /kannu/, /mane/ - /maga/

Each pair has phonemes which either differ in place of articulation or which are similar in place of articulation.

The clinician says the pairs of words as given in the manual and the patient's task is to indicate whether the too words have similar articulatory movements or not in case of words have similar, articulatory movements they are asked to report which syllable are identical.

Eg:

Clinician presents: /ಮನೆ/ - /ಕಣ್ಣು/

Patient says: doesn't have same syllable.

LESSON VI

DISCRIMINATION OF VOWELS AT WORD LEVEL

This activity involves discrimination of vowels. It has one list with pairs of bisylalbic words. Each pair has consonants falling in the same viseme group and vowels falling in two different vision groups.

Eg: /ಹುವು/ - /ಹಾವು/
/huvu/ - /havu/

The clinician says the pairs of words and the patient is instructed to repeat them. /ಹುವು/ - /ಹಾವು/

Eg: Clinician says: /huvu/ - /havu/

Patient repeats: /huvu/ - /havu/
/ಹುವು/ - /ಹಾವು/

LESSON VII

IDENTIFICATION OF CONSONANTS AT WORD LEVEL

In this activity, identification of initial consonants in a word is carried out. It consist of one list of words. The list consists of twenty groups of words. Each group contains three bisyllabic words, with one consonant being from different viseme groups and the other consonant being from the same viseme group.

Eg: - - ಹಣ್ಣು ಕಣ್ಣು ಮಣ್ಣು
/hannu/ - /kannu/ - /mannu/

These three words are said by the clinician one after the other and the patient's task is to repeat them in the same order.

Eg:

Clinician says: ಹಣ್ಣು ಕಣ್ಣು ಮಣ್ಣು
/hannu/ - /kannu/ - /mannu/
ಹಣ್ಣು ಕಣ್ಣು ಮಣ್ಣು.

Patient responds: /hannu/ - /kannu/ - /mannu/

SECTION II

Section II include identification of words, phrases and sentences. These tasks required the patient to speech read phrases and sentences.

LESSON VIII

WORD IDENTIFICATION IN A SENTENCE

This task involves word identification in a sentences. It consists of one list of twenty incomplete sentences. Each has a multiple choice of four words, which are homophenous (which looks similar when said). The clinician initially presents any one bisyllable word from each set of homophenous words given in the lesson and the patient has to guess what are all the possible words that could have been said. The manual gives a choice of four homophenous words. There may be other homophenous words which should be recorded by the clinician.

Following this the clinician presents an incomplete sentence which can be completed by one of the homophenous words in the lesson. The clinician says the sentence facing the patient but clinician covers his/her face and lowers his/her voice when the word underlined in the list is being said.

Alternatively, the clinician can give the incomplete sentence in a written form to the patient with a blank space provided for the word that is underlined in the manual. The task of the patient is to fill in the gap with an appropriate word from the group of words, that he had listed earlier. This has to be done for each sentence.

Eg: Clinician says: /pettu/ /ಪೆಟ್ಟು/

Patients response: /bennu/ /pennu/ /pettu/ /mannu/
ಬೆನ್ನು ಪೆನ್ನು ಪೆಟ್ಟು ಮನ್ನು

Clinician says: /nanna/ ----- /kappu bannadagide/

Patients response: /pennu/
ಪೆನ್ನು

LESSON IX

PHRASE IDENTIFICATION

This task involves identification of phrases. It has one list of twenty phrases. Each phrase is said by the clinician and the patient's task is to repeat the whole phrase. If the patient is unable to repeat the whole phrase, the underlined word in the phrase is given to the patient in a written form. The phrase is then repeated by the clinician and the patient has to identify the entire phrase. However, if the patient identifies the part of the phrase, the phrase has to be repeated and the patient is again asked to repeat the entire phrase.

Eg: Clinician says: /idu ninage/
ಇದು ನನಗೆ

Patients response: /idu ninage/
ಇದು ನನಗೆ

LESSON X

QUESTION REQUIRING YES/NO ANSWER

This lesson contains twenty yes/no questions.

Eg: /neenu mamsahariye/ ?
ನೀನು ಮಾಂಸಾಹಾರಿಯೇ ?

Here the question is asked by the clinician and patient is asked to answer them as in the example given.

Eg: Clinician says: /neenu mamsahariye/ ? ನೀನು ಮಾಂಸಾಹಾರಿಯೇ ?

Patients response: /haudu/ /nanu mamsahari/ ಹೌದು , ನಾನು ಮಾಂಸಾಹಾರಿ.

LESSON XI

ANSWERING SPECIFIC QUESTIONS

This tasks makes use of specific questions. It consists of one list of twenty questions. These questions progresses from shorter to longer sentences.

Eg: /ninna mane yellide/ ?
ನಿನ್ನ ಮನೆ ಎಲ್ಲಿದೆ ?

The clinician asks the questions and the patient is required to answer them. If the patient is unable to answer the question even after a repetition, one or more of the key words (i.e., the words that are underlined in the list) are written and given to the patient. The clinician once again asks the questions.

Eg: Clinician says: /ninna mane yellide/ ? ನಿನ್ನ ಮನೆ ಎಲ್ಲಿದೆ ?

Patient's response: /nanna mane mysore nalli ide/ ನನ್ನ ಮನೆ ಮೈಸೂರಿನಲ್ಲಿ ಇದೆ.

LESSON XII

ANSWERING CHOICE QUESTIONS

This activity makes use of choice questions. It consists of a list of twenty choice questions.

Eg: /Neevu coffee Kudiyuttira atava tee kudiyuttita/ ?

ನೀವು ಕಾಫಿ ಕುಡಿಯುತ್ತೀರಾ? ಅಥವಾ ಟೀ ಕುಡಿಯುತ್ತೀರಾ?

Here the clinician asks the question and the patient is instructed to answer them.

Eg: Clinician say tee kudiyuttita/ ?

ನೀವು ಕಾಫಿ ಕುಡಿಯುತ್ತೀರಾ ಅಥವಾ ಕಾಫಿ ಕುಡಿಯುತ್ತೀರಾ?

Patients response: ನಾನು ಕಾಫಿ ಕುಡಿಯುತ್ತೇನೆ.

LESSON XIII

IDENTIFICATION OF RELATED SENTENCES HAVING ONE TOPIC

This activity contains a series of related sentences having one topic. The clinician should given the topic and the key words in a written form, in the order given in the manual, to the patient.

Following this the clinician says the sentences one at a time. The task of the patient is to repeat the sentence.

This lesson has 5 different topic with each topic having approximately ten sentences.

Written material is given to the patient

1) Topic: /Railu nildana/ ರೈಲು ನಿಲ್ದಾಣ

2) Key words: Bogi, /ಬೋಗಿ/ Railu, /ರೈಲು/ Railu patti, /ರೈಲು ಪಟ್ಟಿ/ Hadineidu /ಹದಿನೈದು/

Clinician says:/Nanu railinalli hoguttene/ ನಾನು ರೈಲಿನಲ್ಲಿ ಹೋಗುತ್ತೇನೆ
Patients response: Nanu railinalli hogutteನೆ ನಾನು ರೈಲಿನಲ್ಲಿ ಹೋಗುತ್ತೆ

LESSON XIV

IDENTIFICATION OF SENTENCES HAVING TWO TOPIC

The aim of the activity is to have the patient identify sentences from 2 different topics. This activity has two sets of sentences. The sentences within each set are related to each other. Each 3et of sentences have different topics. The titles of both the topic with the key words should be given as presented in the manual. (The key words from both the topics are randomly presented). The sentences regarding one topic are said first and then the sentences from the other topic and said. No indication is given to the patient when the topic is changed. Each sentence is presented one at a time and the Patient has to repeat the sentence. This lesson has five sets. Each set has approximately ten sentences related to two different topics. The No. of sentences for each topic is unequal.

Written material is given to the patient

1) **Topic:** /post Office & Ahara/2) **Key Words:** /Card/ ಕಾರ್ಡ್/Tindi/ ತಿಂಡಿ
ಪೋಸ್ಟ್ ಆಫೀಸು ಮತ್ತು ಆಹಾರ /Hotelu/ ಹೋಟೆಲು
/Hasivu/ ಹಸಿವು
/Stamp/ ಸ್ಟಾಂಪ್ಸು etc.

Clinician says: /Nanu card taralu post officige hogiddenu/
ನನ್ನು ನವನಗೆ ಕಾರ್ಡ್ ತರಲು ಪೋಸ್ಟ್ ಆಫೀಸಿಗೆ ಹೋಗುತ್ತೇನೆ.
Patients response: **/Nanu card taralu post officige hogiddenu/**
ನಾನು ಕಾರ್ಡ್ ತರಲು ಪೋಸ್ಟ್ ಆಫೀಸಿಗೆ ಹೋಗುತ್ತೇನೆ
ನನಗೆ ಹಸಿವು ಆಗಿದೆ.

LESSON XV

IDENTIFICATION OF GENERAL STATEMENTS

This activity requires identification of twenty sentences, each having an unrelated topic.

Eg: /Nange ninne jwara ittu/ ನನಗೆ ನಿನ್ನೆ ಜ್ವರ ಇತ್ತು

/Nale nanu pravasakke hoguttene/ ನಾಳೆ ನಾನು ಪ್ರವಾಸಕ್ಕೆ ಹೋಗುತ್ತೇನೆ.

Here the key words will not be given the clinician says the statement and the patient is instructed to repeat them.

Eg: Clinician says: /Nange ninne jwara ittu/ ನನಗೆ ನಿನ್ನೆ ಜ್ವರ ಇತ್ತು.

Patients response: /Nange ninne jwara ittu/ ನನಗೆ ನಿನ್ನೆ ಜ್ವರ ಇತ್ತು

LESSON XVI

ANSWERING GENERAL QUESTIONS

This task involves general questions. It consists of one list of ten questions.

Eg: /Mysuru yake prasiddavagide /?

ಮೈಸೂರು ಯಾಕೆ ಪ್ರಸಿದ್ಧವಾಗಿದೆ ?.

Here the clinician asks the questions and the patient is told to answer them.

Eg: Clinician says: **/Mysuru yake prasiddavagide /?**

ಮೈಸೂರು ಯಾಕೆ ಪ್ರಸಿದ್ಧವಾಗಿದೆ?.

Patients response: **/Mysuru Dasara Habbakke prasiddavagide/?**

ಮೈಸೂರು ದಸರಾ ಹಬ್ಬಕ್ಕೆ ಪ್ರಸಿದ್ಧವಾಗಿದೆ.

CHAPTER - IV

SUMMARY AND CONCLUSION

The area of speech reading is important in the rehabilitation of the hearing impaired. It has been used as a rehabilitation procedure for several decades.

The present study aimed to develop a speech reading manual for adults who read and speak Kannada. This manual is meant to improve the communication skills of the hearing impaired adult3. This manual consisted of sixteen speech reading lessons along with instructions regarding how to carry them out. These lessons progresses from easy to difficult tasks. The activities dealt with both analytic and synthetic methods. Identification and discrimination of phonemes, words, phrases and sentences are included.

The words were taken from different Kannada books (III-VIIth grade) and vocabulary/sentences used by Kannada speakers above the age of ten years.

This manual can be used by the:

1) hearing impaired individual whose language age is ten years and above.
2) hearing impaired individuals who are post lingually deaf.
3) hearing impaired persons who either use or do not use a device.
4) hearing impaired person who reads and speaks Kannada.

The sixteen lessons are as follows:

1) Identification of phonemes from a choice of Two phonemes
2) Identification of phonemes from a choice of Four phonemes
3) Identification of phonemes without any additional cue
4) Discrimination of number of syllables (two syllable Vs four syllable) (two syllable Vs three syllable)
5) Identification of similarity of articulatory movements
6) Discrimination of vowels at word level
7) Identification of consonants at word level
8) Word identification in sentences
9) Pharse identification
10) Question requiring yes/no answer
11) Answering specific questions
12) Answering choice questions
13) Identification of related sentences having one topic
14) Identification of sentences having two topics
15) Identification of general statements
16) Answering general questions.

This manual will be most useful for the literate hearing impaired individual who reads and speaks Kannada. However, some of the lessons can also be used for the literate hearing impaired individual who does not know how to read Kannada.

It is advised to teach the hearing impaired to use communication strategies along with each of the lessons.

Recommendations:

1) Since India is a multilingual country, the speech reading manual has to be developed in other Indian languages.
2) Clinician's are adviced to develop more therapy material based on the idea presented in the manual.

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APPENDIX

SPEECH READING MANUAL IN KANNADA FOR ADULTS

Instruction to the clinician

The idea of thin manual is to enhance the overall communication of a hearing impaired individual.

These activities have been designed to enhance speech reading abilities. They can be carried out using auditory or visual cues for those who have residual hearing. If the goal of the therapy is to enhance speech reading abilities it is advised that the device being used by the hearing impaired individual be switched off or the clinician person should talk in a soft voice. The patient should be seated at a distance of approximately four-six feet from the clinician.

The room should be well lit, with the light falling on the face of the clinician. There should be no obstruction between the clinician and the patient.

Clinicians are adviced to develop more therapy materials using the ideas presented in the manual.

SECTION 1 :- PHONEMES, WORDS, IDENTIFICATION/DISCRIMINATION.

LESSON 1

IDENTIFICATION OF PHONEMES FROM A CHOICE OF TWO PHONEMES

INSTRUCTION TO THE CLINICIAN :- A form containing the written phonemes should be given to the patient. You have to say the underlined syllable & ask the patient to encircle the same in the form. Start with list One & progress to list three.

INSTRUCTIONS TO THE PATIENT :- You will be given in writing pairs of nonsense syllables/ speech sounds. I will then say one of the syllable (speech sounds). Attend carefully & identify the one which I have said, and encircle it in the form given to you.

Eg.	**Written on a card**	**Clinician presents**	**Patient's response**
	ಪ , ಟ	ಪ	ಬ,ಟ
	List 1	**List 2**	**List 3**
1.	ಪ, ಕ	ಪು , ಕ	ಗು, ಚು
2.	ಬ , ಗು	ಪೆ , ಗಿ	ಬಿ,ಕಿ
3.	ಕ , ಪಿ	ಕೆ ,ಪು	ನ , ಗ
4.	ಮ ,ಕು	ಮೊ , ಕು	ಮು , ಚು
5.	ಟ , ಕ	ಟು , ತ	ತು , ಸು
6.	ಬ , ಚಿ	ಬೆ , ಚಿ	ತಿ , ಸಿ
7.	ಟಿ , ನ	ಟ , ನೆ	ಪು , ಳು
8.	ಡ , ಕು	ಡೆ , ಕು	ಹೆ , ಪ
9.	ಮಿ , ಟು	ಮು , ಟಿ	ಡ , ಗ
10.	ಗಿ , ಜ	ಗೆ , ಜು	ತ್ತ , ಸೆ
11.	ತಿ , ಸು	ಯು , ಸೆ	ಬ್ರು , ತು
12.	ಶ , ಕು	ಶೆ , ರ	ದ್ರ ,ಲೆ
13.	ಟ , ಗು	ಟೆ , ಗಿ	ಯೆ , ಪ್ರ
14.	ಬಿ , ಪು	ಬ್ರು , ಕೊ	ಲು , ರು
15.	ದ್ರ , ಲಿ	ಲು , ತ್ರಾ	ರ , ಲ
16.	ಮಿ , ಲ್ಲ	ಮು , ಲ್ಲ	ಪು , ಗ್ರು
17.	ರಿ , ಮು	ಕ , ಮೆ	ಗ್ಗ , ಸೆ
18.	ಹ್ಮ , ರು	ಹೆ , ಳು	ಮು , ಕು
19.	ಕ್ಕು , ಡ	ಕ , ಡೆ	ಗಿ , ಹ್ಲಿ
20.	ಸಿ , ರ್ತು	ಪೊ , ಕ್ಲಾ	ತು , ಲ್ಲು

LESSON II

IDENTIFICATION OF PHONEMES FROM A CHOICE OF FOUR PHONEMES

INSTRUCTIONS TO THE CLINICIAN :- A form containing a group of written phonemes should be given to the patient. You have to say the underlined phoneme of each group as given in the manual. And ask the patient to encircle the same. This way you have to carry out for the whole list. Once you finished the entire list, you can go back to the first group of phoneme. And gay the phoneme which is not underlined. Instruct the patient to encircle .

INSTRUCTION TO THE PATIENT : - You will be given groups of speech sounds (syllables) in writing. I will uttter one speech sound/syllable which you should identify by encircling it from the group given.

Eg.:-	**Written on a card**	**Clinician presents**	**Patient's response**
	ಪ , ಕ, ರ, ಲ ,	ಕ	ಪ , (ಕ) , ರ , ಲ ,

1. ಮ್ರ, ಗ, ತ, ನ
2. ಟ್ರ, ಪ, ಸ, ಚ
3. ತ, ಣ, ಜ್ರ, ರ
4. ಮ, ರ್ರ, ಪೆ, ಟ
5. ಸು, ನಿ, ರು, ಡ್ರ
6. ಪು, ನ, ವ್ರ, ಗೆ
7. ಯ್ರ, ವ, ಲು, ಕೆ
8. ಯು, ಶಿ, ಬ್ರ, ನು
9. ಟ, ಕ್ರೆ, ಸು, ಗಿ
10. ಮಿ, ಡ್ರ, ಮೊ, ಏ
11. ಸು, ಲೆ, ಕ್ರ ಮು
12. ಸಿ, ರ್ರೆ, ಲು, ವೆ
13. ವ, ಸೆ, ಕಿ, ಸ್ಟೊ
14. ಬ್ರೆ, ಕು, ನೆ, ಯಿ
15. ಪಿ, ಕು, ಗೆ, ಮ್ಲು
16. ಪೆ, ಸಿ, ನೆ, ಜ್ರು
17. ಲು, ಪ್ಲೊ, ಡು, ಚು
18. ಜ, ಕಿ, ಹ್ಲು, ವಿ
19. ಸೆ, ಹ, ತ್ರು, ಜೆ
20. ಲ್ರಿ, ಮೆ, ಟೆ, ಬು

LESSON III

IDENTIFICATION OF PHONEMES WITHOUT ANY ADDITIONAL CUE.

INSTRUCTION TO CLINICIAN:- Here no written material is given to the patient. You have to say the speech sound /syllable one at a time instruct the patient to repeat the same.

INSTRUCTION TO THE PATIENT :- I will say one speech sound / syllable. Attend carefully and repeat after me.

Eg.:- **Clinician presents** **Patient's response**

ಪ ಪ

1. ತ
2. ಕ
3. ಗ
4. ಚ
5. ಜ
6. ಣ
7. ದ
8. ಟ
9. ಡ
10. ಮ
11. ಬ
12. ಯ
13. ರ
14. ಲ
15. ವ
16. ಶ
17. ಸ
18. ಹ
19. ಲ
20. ಳ

LESSON IV

DISCRIMINATION OF NUMBER OF SYLLABLES

LIST 1 :- Two Syllable Vs. Four Syllable

INSTRUCTION TO THE CLINICIAN :- Here no written material is given to the patient. You have to say a pair of words from the list as given in the manual. Instruct the patient to say whether it was the first or the second word that was a four syllable word. If the patient can repeat, he may be asked to repeat the words.

INSTRUCTION TO THE PATIENT :- Two words will be said to you. One of them has four speech sounds and other has two speech sounds. You have to indicate which has four speech sounds.

Eg.:-

	Clinician presence	**Patient's response**
ಮನೆ & ಎಚ್ಚರಿಕೆ	ಮನೆ & ಎಚ್ಚರಿಕೆ	ಎರಡನೆ ಪದ **or** ಎಚ್ಚರಿಕೆ

1. ಮನೆ - ಗರಗಸ
2. ಕನ್ನಡಕ - ಪೆನ್ನು
3. ಕೋತಿ - ಹದಿಮೂರು
4. ಕಾಗೆ - ಬಾಚಣಿಗೆ
5. ಗಡಿಯಾರ - ಮೀನು
6. ಕತ್ತು - ಬಾಳೆಹಣ್ಣು
7. ದೀಪ - ಗಾಳಿಪಟ
8. ಪಾರಿವಾಳ - ಮಾಚು
9. ಕಪ್ಪೆ - ಬೀಸಣಿಗೆ
10. ಟೋಪಿ - ಸಿಗರೇಟು
11. ಸೂಜಿ - ಟೆಲಿಫೋನು
12. ಮೇಜು - ಹುಡುಗರು
13. ಮಗು - ಬರುವನು
14. ಮುಖ - ಕಾರುಗಳು
15. ಗಾದೆ - ಬೀಗಗಳು
16. ಗುಣ - ಬಾವಿಯಿಂದ
17. ಫ್ಯಾನು - ದಯವಿಟ್ಟು
18. ದೇಶ - ವರ್ತಮಾನ
19. ಸುಖ - ಯಕ್ಷಗಾನ

DISCRIMINATION OF NUMBER OF SYLLABLES
LIST 2 :- Two Syllables Vs. three Syllables

INSTRUCTION TO THE CLINICIAN :- Here no written material is given to the patient. You have to say a pair of words from the list as given in the manual. Instruct the patient to say whether it was the first or the second word that was a three syllable word. If the patient can repeat, he may be asked to repeat the words.

INSTRUCTION TO THE PATIENT :- Two words will be said to you. One of them has three speech sounds and other has two speech sounds. You have to indicate which one has three sounds.

Eg.:-	**Clinician presents**	**Patient's response**
	ಬೆಲೂನ್ & ಭಾಷೆ	ಬೆಲೂನ್ & ಭಾಷೆ	ಬೆಲೂನ್ or ಮೊದಲನೆಯ ಪದ

1. ಮರ - ಕಟಕಿ
2. ಕುದುರೆ - ಮೂಗು
3. ದನ - ರೂಪಾಯಿ
4. ನಾಯಿ - ವಿಮಾನ
5. ಬಾವುಟ - ಸಿಂಹ
6. ಹಡಗು - ಭಾಷೆ
7. ತಲೆ - ಕಾಗದ
8. ನವಿಲು - ಹಾಡು
9. ವಾಹನ - ಗಿಡ
10. ಗಿಳಿ - ದಾಳಿಂಬೆ
11. ಕಾರು - ಮೋಂಬತ್ತಿ
12. ಜಿರಾಫೆ - ಪ್ರಾಣಿ
13. ಕಪ್ಪು - ನಾಟಕ
14. ಪಟ್ಟಣ - ಆರು
15. ನದಿ - ಆಶ್ಚರ್ಯ
16. ಕ್ಷಮೆ - ಬಿಸಿಲು
17. ಭಾರ - ಗೌರವ
18. ಗಾಬರಿ - ನಾಡು
19. ಹಾಸಿಗೆ - ಹಬ್ಬ
20. ತಂದೆ - ತಕ್ಕಡಿ

LESSON V

IDENTIFICATION OF SIMILARITY OF ARTICULATORY MOVEMENTS.

INSTRUCTION TO THE CLINICIAN :- You should say a pair of words from the manual. The patient should be given a card having the following information,

(A) Have similar movements.

(B) Do not have similar movements.

If the patients response is (A) then he/she is ask to indicate as to which movement was similar in the paired word.

INSTRUCTION TO THE PATIENT :- Pairs of words will be said to you. Attend carefully & indicate/tell whether the two words have similar movements or not (of Lips, Tongue, Jaw etc.). If they do have similar movements, which one was similar.

Eg.:-**1**	**Written on a card**	**Clinician presents**	**Patient's response**
ಮಣ್ಣು-ಗರಗಸ	**A)** ಒಂದೇತರದ ಚಲನೆ **B)**ಬೇರೆತರದ ಚಲನೆ	ಮಣ್ಣು-ಗರಗಸ	**(B)**

If similar are present indicate which one

a) ಮ **b)** ನ **c)** ಗ **d)** ರ

Eg.:-2

	A) ಒಂದೇತರದ ಚಲನೆ		
ಮನೆ & ಮಗ	**B)**ಬೇರೆತರದ ಚಲನೆ	ಮನೆ & ಮಗ	**(A)**

If similar are present indicate which one

a) ಮ **b)** ಗ **c)** ನ **d)** ಗ **(a)**

LIST 1 :- Two Syllable Vs. Four Syllable

1. ಬಾಗು - ಪ್ರದೇಶ
2. ಮರ - ಏಚ್ಚರಿಕೆ
3. ದೇಶ - ಮಳೆಗಾಲ
4. ಚಿಕ್ಕ - ಹುಡುಗರು
5. ಬಿದ್ದು - ವಸ್ತುಗಳು
6. ಇಲ್ಲಿ - ದೀಪಾವಳಿ
7. ಬಾಚು - ಮಾಡಿದರು
8. ಹೊತ್ತು - ತಯಾರಿಸು
9. ಸುದ್ದಿ - ಪರಿಮಳ
10. ಬಸ್ಸು - ಆಭರಣ
11. ಮಣ್ಣು - ಗಡಿಯಾರ
12. ಸುಮ - ಸುರಕ್ಷಿತ
13. ಕಾರ್ಯ - ಯಾವಾಗಲೂ
14. ದಿಕ್ಕು - ಗಡಿಯಾರ
15. ಹುತ್ತ - ಸಸಿಗಳು
16. ಅಂದ - ಬರುವನು
17. ಕತ್ತು - ಮಳೆಗಾಲ
18. ಹಾಲು - ಹಾವಾಡಿಗ
19. ಮುರ - ಬಾಚಣಿಗೆ
20. ಗ್ರುಹೆ - ಮಗುವನ್ನು

LIST 2 :- Two Syllable Vs. Three Syllable

1. ಸ್ತೋಪು - ಹಾಜರಿ
2. ಮರ - ಸೇತುವೆ
3. ಮಗು - ಪ್ರೂತನಿ
4. ಹುಲ್ಲಿ - ಚಪ್ಪಲ್ಲಿ
5. ಕಸ - ದೇವರು
6. ಬಾರ - ಹುಡುಗ
7. ದಿನ್ನ - ಮುಳ್ಳುಗು
8. ಚ್ಚಾಪೆ - ರಚ್ಚನೆ
9. ನ್ನೋವು - ಮಕ್ಕಳು
10. ಕ್ತಿಂಪು - ಕ್ತೇಸರಿ
11. ಬ್ತೀಗ - ಮ್ತದುವೆ
12. ಶುಭ್ರ - ಮ್ತರಳು
13. ಹಾಳು - ವ್ಯಾಯಾಮ
14. ಸೇಬ್ತು - ಬ್ತೇಡರು
15. ನ್ತಾಶ - ಜನ್ತರು
16. ಮ್ತಗ - ಬ್ತದಿರು
17. ಸ್ವಲ್ಪ - ಕನ್ನಡ
18. ಹೊಳ್ತೆ - ಗೆಲ್ತುವು
19. ದೊರೆ - ಹುಡುಗ
20. ಕತ್ತು - ಸೇತ್ತುವೆ

LIST 3 :- Two Syllable Vs. Two Syllable

1. ಇಲ್ಲಿ - ಊಟ್ಟ
2. ಬಲ್ಲೆ - ಕೂಲಿ
3. ಏಣ್ಣೆ - ಓಲೆ
4. ಚ್ಚಾಪೆ - ಚ್ಚಾಕು
5. ಸ್ಸೀರೆ - ಸ್ಸಿಂಹ
6. ತಲ್ಲೆ - ಹಣ್ಣ್ಣು
7. ಹ್ಹಾರು - ಹ್ಹಾಕು
8. ಹಲ್ಲ್ಲು - ಬಾಲ್ಲ
9. ಶಂಖ - ವೀಣೆ
10. ಪ್ಪಾದ - ಭ್ಹಾಗ
11. ಬ್ಹಾಳು - ಬ್ಹಾಗು
12. ರ್ಯೆಲು - ಸೇಡ್ಡು
13. ಬಿತ್ತ್ತು - ಬೀಳು
14. ಬೀಗ - ಬೀಸು
15. ಕತ್ತು - ಬ್ಯಾಟು
16. ಎತ್ತು - ಕಪ್ಪು
17. ಬ್ಹಾವಿ - ಬ್ಹಾಡು
18. ಮ್ಮಡಿ - ಮ್ಮೆಚ್ಚು
19. ಮ್ಮಗ - ಮ್ಮನೆ
20. ಕಲ್ಲ್ಲು - ಮಾರ್ಗ

LESSON VI

ಹೂವು - ಹಾವು

[SCR]

Clinician presents

ಹೂವು - ಹಾವು

Patient's response

ಹೂವು - ಹಾವು

1. ಬಾಳೆ - ಬಳೆ
2. ಹಲ್ಲು - ಹುಲ್ಲು
3. ಕತ್ತಿ - ಕತ್ತೆ
4. ಬಾವಿ - ಬಾವು
5. ಹುಡುಗಿ - ಹುಡುಗ
6. ಒಲೆ - ಓಲೆ
7. ಓಟ - ಆಟ
8. ಎಲೆ - ಒಲೆ
9. ಬಾಲ - ಬಲ
10. ಕವಿ - ಕಿವಿ
11. ಬರೆ - ಬರು
12. ಕಾಡು - ಕೇಡು
13. ನೋಡು - ನಾಡು
14. ಬಲೆ - ಬೆಲೆ
15. ಕಾಲು - ಕೋಲು
16. ಕಲ್ಲು - ಕೊಲ್ಲು
17. ಹೀಗೆ - ಹೇಗೆ
18. ಪತ್ರ - ಪಾತ್ರ
19. ಹೆಚ್ಚು - ಹುಚ್ಚು
20. ಬೇಗ - ಭಾಗ

THE CLINICIAN :- Here no written material is provided to the patient. words to repeat. Instruct the patient to repeat them after you.

THE PATIENT :-1 will say two words. Attend carefully & then repeat it.

LESSON VII

IDENTIFICATION OF CONSONANTS AT WORD LEVEL

INSTRUCTION TO THE CLINICIAN :- No written Material is given to the patient.Three words should be said one after the other as given in the manual. Instruct the patient to repeat & note the responses.

INSTRUCTION TO THE PATIENT :-1 will be presenting three words one after the other. Attend carefully & repeat them afetr me in the same order.

Eg :-

Clinician presents	Patient's response
ಬಿಳಿ,ತಿಳಿ,ಸುಳಿ	ಬಿಳಿ,ತಿಳಿ,ಸುಳಿ

1. ಬಲೆ , ತಲೆ , ಕಲೆ
2. ಮಣ್ಣು , ಕಣ್ಣು , ಹಣ್ಣು
3. ನರಿ , ಮರಿ , ಸರಿ
4. ತಾಯಿ , ನಾಯಿ , ಬಾಯಿ
5. ಬಾಲ , ಕಾಲ , ಶಾಲ
6. ಸತಿ , ಪತಿ , ಗತಿ
7. ಬೀಳು , ಕೀಳು , ಸೀಳು
8. ಹೆಚ್ಚು , ಮೆಚ್ಚು , ಕೆಚ್ಚು
9. ಸರ , ಮರ , ಬರ
10. ಕಾಡು,ನಾಡು,ಮಾಡು
11. ಬೆಕ್ಕು,ನೆಕ್ಕು,ಸಿಕ್ಕು
12. ಸಣ್ಣ,ಬಣ್ಣ,ತನ್ನ
13. ತೋಟ,ಪಾಠ,ಕಾಟ
14. ಹಾರು,ಸಾರು,ಮಾರು
15. ತೇರು,ಬೇರು,ಸೇರು
16. ಹೊಳೆ,ತೊಳೆ,ಮಳೆ
17. ಕೇಡು,ಬೇಡು,ಸೇಡು
18. ಜನ,ದನ,ಮನ
19. ರವಿ,ಕವಿ,ಸವಿ
20. ಶುರು,ಗುರು,ಬೀರು

SECTION II :-WORD, PHRASE, & SENTENCE IDENTIFICATION.

LESSON **VIII**

WORD IDENTIFICATION IN A SENTENCE

INSTRUCTION TO THE CLINICIAN :-No written material is provided to the patient. Any one word from the choice of four words given, is said and you tell the patient to guess all the possible words that you could have said. Say the entire sentence with visual clues but cover your face when the underlined word is said. The patient has to guess this word from the group of words listed by him earlier. Or you can write the sentence from the group and leave a gap for the underlined word. The patient has to fill in the gap from the earlier said words.

INSTRUCTION TO THE PATIENT:-1 will be saying a word, you have to tell me what are all the possible words that I could have said. I will then give you an incomplete sentence. You have to complete the sentence by fill in the blank with an appropriate word from the group of words you have guessed.

Eg.:-

(ಪೆನ್ನು, ಬೆನ್ನು,ಮಣ್ಣು,ಪೆಟ್ಟು)

ಪೆನ್ನು

ನನ್ನ _____ ಕೆಂಪು ಬಣ್ಣದ್ದಾಗಿದೆ

(ಕಾರು , ಕಾಲು , ಗಂಟು, ಕಟ್ಟು)

ನಾಲ್ಕು

ಆನೆಗೆ _____ ಕಾಲು ಗಳಿವೆ·

(ಪಾಠ , ಮಾಲ , ಬಾಲ , ಬಾರ)

ಪಾಠ

ಶಾಲೆಯಲ್ಲಿ ಟೀಚರ್ ಮಕ್ಕಳಿಗೆ _____ ಹೇಳುತ್ತಾರೆ .

(ಬಲೆ , ಬಳೆ , ಮಳೆ , ಬಟ್ಟೆ)

ಮಳೆ

ಇವತ್ತು _____ ಬರುತ್ತದೆ .

(ಪೆನ್ನು , ಪೆಟ್ಟು , ಬೆನ್ನು ಮಣ್ಣು)

ಪೆನ್ನು

ನನ್ನ ಹತ್ತಿರ ನೀಲಿ _____ಇದೆ .

(ದನ , ದಾರ , ತಳ ದಾನ)

ದಾರ

ನಾವು _____ ದಿಂದ ಬಟ್ಟೆಯನ್ನು ಹೊಲೆಯುತ್ತೇವೆ

(ಶಾಕ , ಡಾಗ , ಚಕ್ಕ , ಶಂಖ)

ಶಂಖ

ಸಮುದ್ರದಲ್ಲಿ _____ ಸಿಗುತ್ತದೆ .

(ಬೆಟ್ಟ , ಬೇಡ , ಮರ , ಮಠ)

ಮರ

ಮಾವಿನ _____ ದೊಡ್ಡದಾಗಿರುತ್ತದೆ

(ಬಾಲು , ಬೇರು , ಮೇಲು , ಬಾಡು)

ಬೇರು

ಮರ ಗಿಡದಲ್ಲಿ _____ ಇರುತ್ತದೆ .

(ಲಡ್ಡು , ನೆಡು , ರಟ್ಟು , ನಾಡು)

ನೆಡು

ಕಾಡನ್ನು ಬೆಳೆಸಲು ಗಿಡವನ್ನು_____ತ್ತೇವೆ .

(ಬಾಚು, ಮೆಚ್ಚು , ಮಚ್ಚು , ಪಶು)

ಬಾಚು

ಬಾಚಣಿಗೆಯಿಂದ ತಲೆಯನ್ನು _____ ತ್ತೇವೆ .

(ಸಾರು , ಸೇರು , ಸಾಲು , ಸೇಡು)

ಸಾರು

ನಮಗೆ ಊಟಕ್ಕೆ _____ ಬೇಕು .

(ದನ , ದಡ , ದುಡ್ಡು , ತಡ)

ದನ

___ ಹಾಲು ಕೊಡುತ್ತದೆ .

(ಪಟ , ಮನ , ಬನ , ಬಲ)

ಪಟ

ಗಾಳಿಗೆ ____ ಚೆನ್ನಾಗಿ ಹಾರುತ್ತದೆ .

(ಮೆಲ್ಲ , ಬೆಟ್ಟ , ಮಟ್ಟ , ಬೆಲ್ಲ)

ಬೆಲ್ಲ

ಪಾಯಸಕ್ಕೆ _____ಹಾಕುತ್ತೇವೆ .

(ತಪ್ಪು , ತಬ್ಬು , ತಂಪು , ದಿಂಬು)

ದಿಂಬು

ನಮಗೆ ಮಲಗಲು _____ ಬೇಕು .

(ಮಾವು , ಬೇವು , ಮೇವು , ಪಾವು)

ಮಾವು

_____ ತುಂಬಾ ಸಿಹಿಯಾಗಿರುತ್ತದೆ.

(ಜಲ , ಶರ , ಚಟ , ಜನ)

ಜನ

ನಮ್ಮ ದೇಶದಲ್ಲಿ _____ ಸಂಖ್ಯೆ ಹೆಚ್ಚು .

(ಲಾಗ , ನಾಗ , ಲಂಗ , ರಾಗ)

ಲಾಗ

ಕೋತಿಯು ____ ಹೊಡೆಯುತ್ತದೆ.

(ಚ್ಮೆಲು , ಚೆಲ್ಲು , ಜೊಲ್ಲು , ಜೊಗರು)

ಜೊಲ್ಲು

ನಾಯಿ ಊಟ ನೋಡಿದ ತಕ್ಷಣ ____ ಸುರಿಸುತ್ತದೆ .

(ಚೇಬು , ಚೂಪು , ಜೀಪು , ಚೀಪು)

ಜೀಪು

___ ಬಹಳ ವೇಗವಾಗಿ ಓಡುತ್ತದೆ .

LESSON IX
PHARSE IDENTIFICATION

INSTRUCTION TO THE CLINICIAN:- Initially no written material is provided to the patient. Say the phrase as in the manual & instruct the patient to repeat the same. If patient fails to repeat the whole phrase the written form of the underlined word should be given. If he Identifies the part of phrase, the phrase has to be repeated.

INSTRUCTION TO THE PATIENT:-1 will be presenting a phrase to you. Attend carefully & repeat after me.

Eg.:-

Clinician presents	Patient's response
ಇದು ನಿನಗೆ ಇದು ನಿನಗೆ	ಇದು ನಿನಗೆ

1. ಮುಂದೆ ಹೋಗು
2. ಕೆಳಗೆ ನೋಡು
3. ನಿಧಾನವಾಗಿ ನಡೆ
4. ಬೇಗ ಓಡು
5. ಊಟ ಮಾಡು
6. ತಿಂಡಿ ತಿನ್ನು
7. ಕಾಫಿ ಕುಡಿ
8. ನೀನು ನೋಡು
9. ಹಿಂದೆ ಹೋಗು
10. ನಿಂತು ನಿಂತು ನೆಡೆ
11. ಬಗೆ ಬಗೆಯ ತಿಂಡಿ
12. ನೀನು ಬಾ
13. ಪೆನ್ನು ಕೊಡು
14. ರೈತನ ಮನೆ
15. ಹೋಟೆಲಿನ ತಿಂದಿ
16. ಗಿಡಕ್ಕೆ ನೀರು
17. ತೋಟಕ್ಕೆ ಬಾ
18. ಸೈಕಲ್ ಸವಾರಿ
19. ಮಂಚದಲ್ಲಿ ಮಲಗು
20. ಮಾವಿನ ಮರದಲ್ಲಿ ಮಾವಿನ ಹಣ್ಣು

LESSON X

ನೀವು ಸಸ್ಯಾಹಾರಿಯೆ ?

ING YES/NC ಹೌದು ನಾನು ಸಸ್ಯಾಹಾರಿ

Or

tten materia ಅಲ್ಲ ನಾನು ಸಸ್ಯಾಹಾರಿಯಲ್ಲ 'ou should

e patient to answer the question as given in the

1. ಬಾಳೆ ಹಣ್ಣು ನಿಮಗೆ ಇಷ್ಟವೆ ?
2. ನೀವು ಸಂಗೀತಗಾರರೆ ?
3. ನೀವು ಬೆಳಿಗ್ಗೆ ತಿಂಡಿ ತಿನ್ನುತ್ತೀರಾ ?
4. ನೀವು ತೆಲುಗು ಭಾಷೆ ಮಾತನಾಡುತ್ತಿರಾ ?

ked a few questions. Answer them in a complete

5. ನೀವು ಬೆಳಿಗ್ಗೆ ಎದ್ದು ನೀರು ಕುಡಿಯುತ್ತೀರಾ ?
6. ನೀವು ಬೆಳಿಗ್ಗೆ ಎದ್ದು ಹಲ್ಲು ಉಜ್ಜುತ್ತೀರಾ ?
7. ನಿಮಗೆ ಪುಸ್ತಕ ಓದುವ ಹವ್ಯಾಸವಿದೆಯೆ ?
8. ನಿಮಗೆ ಹಾಕಿ ಆಟ ಆಡಲು ಗೊತ್ತಿದೆಯೆ ?

Patient's response.

9. ತೋಟದ ಕೆಲಸ ನಿಮಗೆ ಇಷ್ಟವೆ ?
10. ನೀವು ಸಂಜೆ ಪೇಟೆಗೆ ಹೊಗುತ್ತೀರಾ ?
11. ನೀವು ಬಸ್ಸಿನಲ್ಲಿ ಪ್ರಯಾಣಿಸುತ್ತೀರಾ ?
12. ನೀವು ಹಾಡು ಹಾಡುತ್ತೀರಾ ?
13. ನೀವು ಕಾಫಿ ಕುಡಿಯುತ್ತೀರಾ ?
14. ನೀವು ಮೈಸೂರು ಅರಮನೆ ನೋಡಿದ್ದಿರಾ ?
15. ನೀವು ಚಲನಚಿತ್ರ ನೋಡುತ್ತಿರಾ ?
16. ನೀವು ಕ್ರಿಕೆಟ್ ಆಟ ನೋಡುತ್ತೀರಾ ?
17. ನೀವು ಕೆಲಸಕ್ಕೆ ಹೋಗುತ್ತಿರಾ ?
18. ರಾತ್ರಿ ವೇಳೆಯಲ್ಲಿ ಪ್ರಯಾಣಿಸುತ್ತೀರಾ ?
19. ನೀವು ಜಾತ್ರೆ ನೋಡಿದ್ದಿರಾ ?
20. ನೀವು ಪ್ರಾಣಿ ಸಂಗ್ರ ಹಾಲಯವನ್ನು ನೋಡಿದ್ದಿರಾ ?

LESSON XI
ANSWERING SPECIFIC QUESTIONS

INSTRUCTION TO THE CLINICIAN:- Initially *no* written material will be given to the *patient. You* should ask *a* question from the *manual* & *Instruct the patient to* answer it. If the *patient* fails, the *written form of the* underlined word./words will be given & the question will be asked again.

INSTRUCTION TO THE PATIENT:- You wil be ask a few questions Listen carefully & answer them.

Eg.:-

Clinician presents	Patient's response.
ನೀವು ಹುಟ್ಟಿದ್ದು ಯಾವಾಗ ?	11.11.65

1. ಬೆಳಿಗ್ಗೆ ನೀವು ತಿಂಡಿ ಏನು ತಿಂದಿರಿ ?
2. ನಿಮ್ಮ ಊರು ಯಾವುದು ?
3. ನೀವು ತೊಟ್ಟಿರುವ ಬಟ್ಟೆಯ ಬಣ್ಣ ಯಾವುದು ?
4. ನೀವು ಮಧ್ಯಾಹ್ನ ಏನು ಊಟ ಮಾಡಿದ್ದಿರಿ ?
5. ನೀವು ಮನೆಯಿಂದ ಇಲ್ಲಿಗೆ ಹೇಗೆ ಬಂದಿರಿ ?
6. ನೀವು ಬೆಳಿಗ್ಗೆ ಎಷ್ಟು ಗಂಟೆಗೆ ಏಳುತ್ತೀರಿ ?
7. ಈಗ ಎಷ್ಟು ಗಂಟೆ ?
8. ಇದು ಯಾವ ತಿಂಗಳು ?
9. ನೀವು ಏನು ಕೆಲಸ ಮಾಡುತ್ತೀರ ?
10. ಇವತ್ತು ಯಾವ ವಾರ / ತಾರೀಖು ?
11. ನೀವು ಎಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತಿರಿ ?
12. ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಎಷ್ಟು ಜನರಿದ್ದಾರೆ ?
13. ನಿಮ್ಮ ತಾಯಿಯ ಹೆಸರೇನು ?
14. ನೀವು ರಾತ್ರಿ ಎಷ್ಟು ಗಂಟೆಗೆ ಮಲಗುತ್ತಿರಿ ?
15. ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಯಾವ ವಾಹನವಿದೆ ?
16. ನೀವು ಊಟ ಮಾಡಲು ಯಾವ ಕೈಯನ್ನು ಉಪಯೋಗಿಸುತ್ತೀರಿ ?
17. ನೀವು ಸಾಮಾನ್ಯವಾಗಿ ಯಾವುದರಲ್ಲಿ ಪ್ರಯಾಣಿಸುತ್ತೀರಿ ?
18. ನೀವು ಯಾವ ಶಾಲೆಯಲ್ಲಿ ಓದಿದ್ದೀರಿ/ಓದುತ್ತಿದ್ದಿರಿ ?
19. ನಿಮಗೆ ಪುಸ್ತಕವನ್ನು ಓದಲು ಇಷ್ಟವೇ ?
20. ನೀವು ಪ್ರತಿ ದಿನ ಟೀವಿ ನೋಡುತ್ತಿರಾ ?

LESSON XII
ANSWERING CHOICE QUESTIONS

INSTRUCTION TO THE CLINICIAN:- No *written material* is given *to* the patie*nt.* You should ask a question from the *manual,* which the case should answer.

INSTRUCTION TO THE PATIENT:- You will be asked a few questions Answer them.

Eg :-

Clinician presents	Patient's response
ನೀವು ಕಾಫಿ ಕುಡಿಯುತ್ತೀರೋ ಅಥವಾ ಟೀ ಕುಡಿಯುತ್ತೀರೋ ?	ನಾನು ಕಾಫಿ ಕುಡಿಯುತ್ತೇನೆ or ನಾನು ಟೀ ಕುಡಿಯುತ್ತೇನೆ

1. ನೀವು ಬಾಡಿಗೆ ಮನೆಯಲ್ಲಿ ಇದ್ದಿರೋ ಇಲ್ಲವೆ ಸ್ವಂತ ಮನೆಯಲ್ಲಿ ಇದ್ದೀರೋ ?
2. ಬಸಿಲು ಮತ್ತು ಮಳೆಯಲ್ಲಿ ನಿಮಗೆ ಯಾವುದು ಇಷ್ಟ ?
3. ನೀವು ತಣ್ಣೀರು ಕುಡಿಯುತ್ತೀರಾ ಅಥವಾ ಬಿಸಿ ನೀರು ಕುಡಿಯುತ್ತೀರಾ ?
4. ನಿಮಗೆ ಮಜ್ಜಿಗೆ ಇಷ್ಟವೆ ಅಥವಾ ಹಾಲು ಇಷ್ಟವೆ ?
5. ನಿಮಗೆ ಮನೆಯ ತಿಂಡಿ ಇಷ್ಟವೆ ಅಥವಾ ಹೋಟೆಲಿನ ತಿಂಡಿ ಇಷ್ಟವೆ ?
6. ನೀವು ಆಟೋದಲ್ಲಿ ಬಂದಿರಾ ಅಥವಾ ಬಸ್ಸಿನಲ್ಲಿ ಬಂದಿರಾ ?
7. ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಬಾವಿ ಇದೆಯೋ ಅಥವಾ ಇಲ್ಲವೆ ?
8. ನೀವು ಹಳ್ಳಿಯಲ್ಲಿದ್ದಿರಾ ಇಲ್ಲವೆ ಪಟ್ಟಣದಲ್ಲಿದ್ದಿರಾ ?
9. ನಿಮಗೆ ಮಳೆಗಾಲ ಇಷ್ಟವೆ ಅಥವಾ ಚಳಿಗಾಲ ಇಷ್ಟವೆ ?
10. ನಿಮಗೆ ಕೆಂಪು ಹೂ ಇಷ್ಟವೇ ಅಥವಾ ಬಿಳಿ ಹೂ ಇಷ್ಟವೇ ?
11. ನಿಮಗೆ ಸಿಹಿ ತಿಂಡಿ ಇಷ್ಟವೇ ಅಥವಾ ಖಾರಾ ತಿಂಡಿ ಇಷ್ಟವೇ ?
12. ನೀವು ಚಲನಚಿತ್ರವನ್ನು ನೋಡುತ್ತೀರಾ ಅಥವಾ ಇಲ್ಲವೇ ?
13. ನೀವು ಮನೆಯಲ್ಲಿ ಕನ್ನಡ ಮಾತನಾಡುತ್ತೀರಾ ಅಥವಾ ಇಲ್ಲವೇ ?
14. ನೀವು ಸಸ್ಯಾಹಾರಿಗಳೇ ಅಥವಾ ಮಾಂಸಾಹಾರಿಗಳೇ ?
15. ನಿಮಗೆ ರಾಜಕೀಯದಲ್ಲಿ ಇಷ್ಟವಿದೆಯೇ ಅಥವಾ ಇಲ್ಲವೇ ?
16. ನಿಮಗೆ ರಾತ್ರಿ ಪ್ರಯಾಣ ಇಷ್ಟವೇ ಅಥವಾ ಹಗಲು ಪ್ರಯಾಣ ಇಷ್ಟವೇ ?
17. ನೀವು ರೈಲಿನಲ್ಲಿ ಪ್ರಯಾಣಿಸುತ್ತೀರಾ ಅಥವಾ ವಿಮಾನದಲ್ಲಿ ಪ್ರಯಾಣಿಸುತ್ತೀರಾ ?
18. ನಿಮಗೆ ಕ್ರಿಕೆಟ್ ಆಟ ಇಷ್ಟವೇ ಅಥವಾ ಇಲ್ಲವೇ ?
19. ನಿಮಗೆ ವ್ಯಾಯಾಮ ಮಾಡಲು ಇಷ್ಟವಿದೆಯೇ ಅಥವಾ ಇಲ್ಲವೇ ?
20. ನೀವು ಟೀವಿಯಲ್ಲಿ ಕ್ರಿಕೆಟ್ ಆಟ ನೋಡುತ್ತೀರಾ ಅಥವಾ ಇಲ್ಲವೆ ?

LESSON XIII
IDENTIFICATION OF RELATED SENTENCES HAVING ONE TOPIC

INSTRUCTION TO THE CLINICIAN:- Give in writing a topic with its *keywords to* the patient. Folllowing this say the sentences *one* at a time & ask the *patient to* repeat their. If the *patient* is *unable to repeat, once* again say the sentences.

INSTRUCTION TO THE PATIENT:- We will be discussing about (TOPIC). The words given (KEYWORDS) are the aspects we will be talking *about. You may* use them, as they may help you to *understand what* I *am* saying. Now I will say *one sentence* which you have to *repeat after me.*

Eg.:-

Written *on a Card*		Clinician Presents	Patient's Response.
Topic	Keywords to the Patient		
ಹೋಟೇಲು	ಹೋಟೇಲಿನ ಹೆಸರು	ನಾನು ಸ್ವಾತಿ ಹೋಟೇಲಿಗೆ ಹೋದೆನು	ನಾನು ಸ್ವಾತಿ ಹೋಟೇಲಿಗೆ ಹೋದೆನು
	ಮೆನು	ಹೋಟೇಲಿನ ಕಲಸಗಾರ ಮೆನು ಮೆನು ತಂದು ಕೊಟ್ಟರು	ಹೋಟೇಲಿನ ಕಲಸಗಾರ ಮೆನು ತಂದು ಕೊಟ್ಟರು
	ತಿಂಡಿ		

Topic

ಸಂತೆ

Key Words :-ತರಕಾರಿ, ಹಣ್ಣುಗಳು, ಸಾಂಬಾರ ಪದಾರ್ಥಗಳು, ಜನರು, ಅಗ್ಗ, ದುಬಾರಿ, ಚೀಲ, ಪ್ಲಾಸ್ಟಿಕ್ ಚೀಲ,ಕಿಕ್ಕಿರಿದು,ಮಾರುಕಟ್ಟೆ ಬೀನ್ಸ್, ಟಮೋಟೊ.

ನಾನು ಅಮ್ಮನೋಂದಿಗೆ ಸಂತೆಗೆ ಹೋದೆನು
ಸಂತೆಯಲ್ಲಿ ತರತರದ ತರಕಾರಿಗಳು ಇದ್ದವು
ಸಂತೆಯ ಇನ್ನೊಂದು ಬದಿಯಲ್ಲಿ ಬಗೆಬಗೆಯ ಹೂಗಳು ಇದ್ದವು
ಇನ್ನೊಂದು ಕಡೆಯಲ್ಲಿ ವಿಧವಿಧದ ಹಣ್ಣುಗಳು ಇದ್ದವು
ಮತೊಂದು ಕಡೆಯಲ್ಲಿ ಸಾಂಭಾರು ಪದಾರ್ಥಗಳು ಇದ್ದವು
ಅಮ್ಮ ಮೊದಲು ನನ್ನನ್ನು ತರಕಾರಿ ಮಾರುಕಟ್ಟೆಗೆ ಕರೆದುಕೊಂಡು ಹೋದಳು. ಅಲ್ಲಿ ಬೀನ್ಸ್, ಟಮೋಟೊ, ಬದನೆ, ಆಲೂಗಡ್ಡೆ, ಸೋಪ್ಪು, ಬೆಂಡೆಕಾಯಿ, ತೊಂಡೆಕಾಯಿ ಇದ್ದವು. ಅಮ್ಮ ಬದನೆ ತೆಗೆದುಕೊಳ್ಳೋಣ ಎಂದು ಹೇಳಿದಳು. ನಾನು ಬೇಡ ಆಲೂಗಡ್ಡೆ ತೆಗೆದುಕೋ ಎಂದೆನು, ಅಮ್ಮ ಹಾಗಾದರೆ ಎರಡನ್ನು ತೆಗೆದುಕೊಳ್ಳುವ ಎಂದು ಹೇಳಿದಳು. ಅಂಗಡಿಯವನು ಆಲೂಗಡ್ಡೆ ಕಡಿಮೆ ಬೆಲೆ ಎಂದು ಹೇಳಿದನು. ಎಷ್ಟು ಎಂದಾಗ ರೂಪಾಯಿ 12 ಎಂದು ಹೇಳಿದನು. ಅದನ್ನು ತೆಗೆದುಕೊಂಡು ಚೀಲದಲ್ಲಿ ಹಾಕಿದೆನು. ಅಮ್ಮ ಹಣ್ಣುಗಳ ಬೆಲೆ ಹೆಚ್ಚು ಅದಕ್ಕೆ ಬೇಡ ಎಂದು ಹೇಳಿದರು. ಮಾವಿನಹಣ್ಣು ನನಗೆ ಬೇಕೆಬೇಕೆಂದು ಹೇಳಿದೆ. ಅಮ್ಮ ಅದನ್ನು ನನಗೆ ತೆಗೆದುಕೊಟ್ಟರು.

ಬಸ್ಸು ನಿಲ್ದಾಣ

Key Words :- ಸಿಟಿಬಸ್ಸು, ಎಕ್ಸ್‌ಪ್ರೆಸ್, ಜನಜಂಗಳಿ, ಬಸ್ಸುನಿಲ್ದಾಣ, ಕಂಡಕ್ಟರ್, ಡ್ರೈವರ್, ಕ್ಲೀನರ್, ಖಾಸಗಿ ಬಸ್ಸು, ಹಾರ್ನ್, ವೇಗ, ಅಪಘಾತ, ವೇಗತಡೆ, ವಿಚಾರಣಾಧಿಕಾರಿ, ಶ್ರೀರಂಗಪಟ್ಟಣ, ನಿರ್ಧಾರ, ಸುದ್ದಿ, ನಿಧಾನ.

ನಾನು ನನ್ನ ಗೆಳೆಯರೊಂದಿಗೆ ಶ್ರೀರಂಗಪಟ್ಟಣಕ್ಕೆ ಹೋಗಬೇಕೆಂದು ನಿರ್ಧರಿಸಿದೆನು. ನಾವೆಲ್ಲರೂ ಒಟ್ಟಾಗಿ ಬಸ್ಸ್‌ನಿಲ್ದಾಣಕ್ಕೆ ಹೋದೆವು. ರಜಾದಿನವಾದ್ದರಿಂದ ಬಸ್ಸು ನಿಲ್ದಾಣದಲ್ಲಿ ಜನಜಂಗುಳಿ ತುಂಬಿತ್ತು. ನಾನು ವಿಚಾರಣಾಧಿಕಾರಿಯನ್ನು ಭೇಟಿಯಾಗಿ ಶ್ರೀರಂಗಪಟ್ಟಣಕ್ಕೆ ಬಸ್ಸು ಎಷ್ಟು ಹೊತ್ತಿಗಿದೆ ಎಂದು ಪ್ರಶ್ನಿಸಿದೆನು. ಅವರು ಪ್ರತಿ 1/2 ಗಂಟೆಗೆ ಒಂದೊಂದು ಬಸ್ಸು ಇದೆ ಎಂದು ಹೇಳಿದರು. ನಾವೆಲ್ಲರೂ ೧೦.೩೦ ಗಂಟೆಯ ಬಸ್ಸಿನಲ್ಲಿ ಹೊರಟೆವು. ಎಕ್ಸ್‌ಪ್ರೆಸ್ ಬಸ್ಸು ಆದ್ದರಿಂದ ಅರ್ಧ ಗಂಟೆಯಲ್ಲೆಯೆ ಶ್ರೀರಂಗಪಟ್ಟಣವನ್ನು ತಲುಪಿತು. ಡ್ರೈವರ್ ಬಸ್ಸನ್ನು ವೇಗವಾಗಿ ಓಡಿಸುತ್ತಿದ್ದನು. ವೇಗತಡೆ ಬಂದಲ್ಲಿ ಬಸ್ಸನ್ನು ಮೆಲ್ಲನೆ ಚಲಿಸುತ್ತಿದ್ದನು. ಕಂಡಕ್ಟರ್ ಎಲ್ಲರಿಗು ಟಿಕೇಟ್ ಕೊಡುತ್ತಿದ್ದ. ದಾರಿಯಲ್ಲಿ ಒಂದು ಖಾಸಗಿ ಬಸ್ಸೊಂದು ಇತ್ತು. ಅದು ಅಪಘಾತಕ್ಕಿಡಾಗಿತ್ತು. ಕ್ಲೀನರ್ ಅಪಘಾತದಲ್ಲಿ ಸತ್ತು ಹೋದ ಎಂದು ನನ್ನ ಬಸ್ಸಿನ ಡ್ರೈವರಿಗೆ ದಾರಿಯಲ್ಲಿ ಹೋಗುಮವರು ಹೇಳಿದರು ಆಗ ನಮ್ಮ ಬಸ್ಸು ನಿಧಾನವಾಗಿ ಚಲಿಸಿತು.

ಪೋಸ್ಟ್ ಆಫೀಸ್

Key Words :- ಚಿಲ್ಲರೆ, ಪೋಸ್ಟ್ ಕಾರ್ಡ್, ಕವರ್, ಇನ್‌ಲ್ಯಾಂಡ್ ಲೆಟರ್, ಮನಿಯಾರ್ಡರ್, ಸ್ಟಾಂಪ್ ಅಂಚೆ ಚೀಟಿ, ಪೋಸ್ಟ್ ಮ್ಯಾನ್, ಪೋಸ್ಟ್ ಮಾಸ್ಟರ್, ಅಂಚೆ ಚೀಲ, ಬಸ್ಸು, ರಿಜಿಸ್ಟರ್ ಪೋಸ್ಟ್, ನಗರ, ಗುಮಾಸ್ತ, ಫೋನು, ಕೌಂಟರ್, ಕ್ಯು, ದೂರವಾಣಿ ಬಿಲ್ಲು, ರಶೀದಿ, ಸಹಿ.

ಅಂಚೆ ಕಛೇರಿ ನಗರದ ಮದ್ಯದಲ್ಲಿದೆ
ನಾನು ಅಂಚೆ ಕಛೇರಿಗೆ ಹೋದೆನು.
ಅಲ್ಲಿ ನಾನು ೧೦ ಪೋಸ್ಟ್ ಕಾರ್ಡ್, ೧೫ ಇನ್‌ಲ್ಯಾಂಡ್ ಲೆಟರ್, ೧೦ ಕವರ್ ಅನ್ನು ತೆಗೆದು ಕೊಂಡು ಹಣವನ್ನು ಕೊಟ್ಟೆನು. ಚಿಲ್ಲರೆ ಗುಮಾಸ್ತನಲ್ಲಿ ಇಲ್ಲದ ಕಾರಣ ಚಿಲ್ಲರೆಯ ಬದಲು ಅವನು ಸ್ಟಾಂಪ್ ಅನ್ನು ಕೋಟ್ಟನು. ಪಕ್ಕದ ಕೌಂಟರಿನಲ್ಲಿ ನನ್ನ ಸ್ನೇಹಿತ ರಿಜಿಸ್ಟರ್ ಅಂಚೆ ಕಳುಹಿಸಲು ಬಂದಿದ್ದನು. ಇನ್ನೊಬ್ಬನು ಅಂಚೆಯಲ್ಲಿ ಮನಿಯಾರ್ಡರ್ ಕಳುಹಿಸುತ್ತಿದ್ದನು. ಪೋಸ್ಟಮಾಸ್ಟರ್ ವಿಷೇಶನಾದ ಕೊಠಡಿಯಲ್ಲಿ ಕುಳಿತಿದ್ದರು. ಅವರ ಹತ್ತಿರ ಫೋನು ಇತ್ತು. ಅಂಚೆ ಕಛೇರಿಯಲ್ಲಿ ಜನರು ಕ್ಯು ನಿಂತಿದ್ದರು. ಯಾಕೆ ಎಂದು ಕೇಳಿದಾಗ ದೂರವಾಣಿಯ ಬಿಲ್ಲು ಕಟ್ಟಲು ಬಂದಿದ್ದರೆಂದು ತಿಳಿಯಿತು. ಅಂಚೆ ಕಛೇರಿಯಿಂದ ನಾನು ಮನೆಗೆ ಬಂದೆನು. ಮನೆಯಲ್ಲಿ ನನಗಾಗಿ ಅಂಚೆ ಪೇದೆಯು ಕಾಗದವನ್ನು ಮತ್ತು ಒಂದು ರಿಜಿಸ್ಟರ್ ಪೋಸ್ಟಅನ್ನು ತಂದಿದ್ದನು. ನಾನು ರಿಜಿಸ್ಟರ್ ಪೋಸ್ಟಿಗೆ ಇರುವ ರಶೀದಿಗೆ ಸಹಿ ಹಾಕಿ ರಿಜಿಸ್ಟರ್ ತೆಗೆದು ಕೊಂಡೆನು.

ಹೋಟೇಲ್

Key Words :-ಮೆನು ಕಾರ್ಡ್, ಹೋಟೇಲ್ ಮಾಣಿ, ನೀರು, ಪ್ಲೇಟು, ಚಿಲ್ಲರೆ, ಕ್ಯಾಶಿಯರ್, ಆರ್ಡರ್, ತಂಪಾದ ಪಾನಿಯ, ಬಿಲ್ಲ್, ಬಿಸಿ ಪಾನಿಯ, ಗೆಳೆಯ, ತಿಂಡಿ, ದೋಸೆ, ಇಡ್ಲಿ, ಚಪಾತಿ, ೩೮ ರೂಪಾಯಿ, ಹಣ.

ನಾನು ಗೆಳೆಯನೋಂದಿಗೆ ಹೋಟೇಲಿಗೆ ಹೋದೆನು.
ಹೋಟೇಲ್ ಮಾಣಿ ಏನು ಬೇಕೆಂದು ಕೇಳಿ ಮೆನು ಕಾರ್ಡಿನೋಂದಿಗೆ ನೀರಿನ ಲೋಟವನ್ನು ಕೋಟ್ಟನು.
ಯಾವ ತಿಂಡಿ ಇಷ್ಟವೆಂದು ಅವನನ್ನು ಕೇಳಿದೆ.
ಅವನು ಯಾವುದಾದರು ತಿಂಡಿಯನ್ನು ಆರ್ಡರ್ ಮಾಡು ಎಂದನು.
ಮೆನು ಕಾರ್ಡ್ ನಲ್ಲಿ ದೋಸೆ, ಇಡ್ಲಿ, ಚಾಪಾತಿ ಮುಂತಾದವುಗಳ ಹೆಸರು ಇದ್ದವು. ಚಪಾತಿ ಬೇಕು ಎಂದು ಆರ್ಡರ್ ಮಾಡಿದವು. ಅಷ್ಟರಲ್ಲಿ ಮಾಣಿ ಎರಡು ಪ್ಲೇಟಿನಲ್ಲಿ ಚಾಪಾತಿಯನ್ನು ತಂದನು. ನನ್ನ ಗೆಳೆಯ ತಂಪಾದ ಪಾನಿಯ ಬೇಕೆಂದು ತರಿಸಿಕೋಂಡನು. ನಾನು ಬಿಸಿ ಪಾನಿಯವನ್ನು ತೆಗೆದು ಕೋಂಡೆನು. ಒಟ್ಟು ೩೮ ರೂಪಾಯಿ ಆಯಿತು. ಹೋಟೇಲ್ ಮಾಣಿ ಬಿಲ್ ತಂದು ಕೋಟ್ಟನು. ನಾನು ಕ್ಯಾಶಿಯರ್‌ಗೆ ಹಣವನ್ನು ಕೋಟ್ಟೆನು.

ಆಸ್ಪತ್ರೆ

Key Words :- ಡಾಕ್ಟರ್, ನರ್ಸ್, ರೋಗಿ, ಸ್ಟೆತೋಸ್ಕೋಪ್,ಬೆಡ್,ಗ್ಲೂಕೋಸು,ಕೈಗಾಡಿ,ತುರ್ತುವಿಭಾಗ, ಚಿಕಿತ್ಸೆ, ಪ್ರಜ್ಞಾಹೀನ, ಕಾರು, ಸಂಬಂಧಿಕರು, ಮಲಗಿಸು, ಹೊರಗೆ, ರಕ್ತದ ಒತ್ತಡ, ನಾಡಿ ಬಡಿತ, ಸುಧಾರಣೆ, ಎರಡು ಗಂಟೆ, ಪರಿಸ್ಥಿತಿ, ವಾರ್ಡ್.

ಪ್ರಜ್ಞಾಹೀನ ಸ್ಥಿತಿಯಲ್ಲಿರುವ ರೋಗಿಯನ್ನು ಆಸ್ಪತ್ರೆಗೆ ಕಾರಿನಲ್ಲಿ ಕರೆದುಕೊಂಡು ಬಂದರು. ಕಾರಿನಿಂದ ರೋಗಿಯ ಸಂಬಂಧಿಗಳು ಇಳಿದರು. ಆಸ್ಪತ್ರೆಯ ಒಳಗೆ ಓಡಿ ಹೋಗಿ ಸ್ಟಚ್ಚರ್ ತರಲು ಹೇಳಿದರು.
ವಾರ್ಡ್‌ಬಾಯ್ ಸ್ಟಚ್ಚರ್ ಹಿಡಿದುಕೊಂಡು ಬಂದನು. ರೋಗಿಯನ್ನು ಸ್ಟಚ್ಚರ್‌ನಲ್ಲಿ ಮಲಗಿಸಿದರು. ಆಮೇಲೆ ಅವನನ್ನು ತುರ್ತುವಿಭಾಗಕ್ಕೆ ಕೊಂಡೊಯ್ದರು. ಡಾಕ್ಟರ್ ಬಂದು ರೋಗಿಯ ಸಂಬಂಧಿಕರನ್ನು ಹೊರಗೆ ನಿಲ್ಲಲು ಹೇಳಿದರು. ನಂತರ ರಕ್ತದ ಒತ್ತಡವನ್ನು ಹಾಗು ನಾಡಿಬಡಿತವನ್ನು ಪರೀಕ್ಷೆ ಮಾಡಿದರು. ಸ್ಟೆತೋಸ್ಕೋಪ್‌ನಿಂದ ಹೃದಯದ ಬಡಿತವನ್ನು ಪರೀಕ್ಷೆ ಮಾಡಿದರು ಮತ್ತು ನರ್ಸ್ ರೋಗಿಗೆ ಗ್ಲೂಕೋಸ್ ಮತ್ತು ಔಷಧಿಯನ್ನು ಕೊಟ್ಟರು. ಎರಡು ಗಂಟೆಯ ಬಳಿಕ ರೋಗಿಯ ಪರಿಸ್ಥಿತಿ ಸ್ವಲ್ಪ ಸುಧಾರಣೆಯಾಯಿತು. ರೋಗಿಯನ್ನು ವಾರ್ಡ್‌ಗೆ ಹಾಕಿದರು.

LESS0N XV
IDENTIFICATION OF SENTENCES HAVING TWO TOPIC

INSTRUCTION TO THE CLINICIAN:- Give in writing the title of the two topic & key *worde to* the *patient.* Following this way the sentence *one at a time* & ask the patient to *repeat* it. No *Indication* is given to the *patient when the topic* is *changed,* if the *patient* is *unable to repeat* it, once again say the *sentence.*

INSTRUCTION TO THE PATIENT:- We will be discussing about the (following topics). The words given (keywords) are the aspects we will be *talking about. These worde* will help you to *understand what lam saying. You have to repeat* after me.

Eg.:-

Written on a card	Clinician *presents*	Patient's *response*
	ನಾನು ಕಾರ್ಡ್ ತರಲು	ನಾನು ಕಾರ್ಡ್ ತರಲು
Topic ಪೋಸ್ಟ್ ಆಫೀಸು + ಆಹಾರ	ಪೋಸ್ಟ್ ಆಫೀಸಿಗೆ ಹೋದೆನು	ಪೋಸ್ಟ್ ಆಫೀಸಿಗೆ ಹೋಗಿದೆನು
Key words	ಅಲ್ಲಿ ಹೊಸ ಸ್ಯಾಂಪು ನೋಡಿದೆನು	ಅಲ್ಲಿ ಹೊಸ ಸ್ಟಾಂಪ್ ನೋಡಿದೆನು
ಕಾರ್ಡ	ನನಗೆ ಹಸಿವು ಆಗಿದೆ	ನನಗೆ ಹಸಿವು ಆಗಿದೆ
ಸ್ಯಾಂಪ್	ನಾನು ಹೋಟೆಲಿಗೆ ಹೋಗುತ್ತೇನೆ	ನಾನು ಹೋಟೆಲ್‌ಗೆ ಹೋಗುತ್ತೇನೆ
ಹಸಿವು	ಅಲ್ಲಿ ತಿಂಡಿ ತಿನ್ನುತ್ತೇನೆ.	ಅಲ್ಲಿ ತಿಂಡಿ ತಿನ್ನುತ್ತೇನೆ.
ತಿಂಡಿ		

Topic

ಹೊಸ ಬಟ್ಟೆ ಮತ್ತು ಪುಸ್ತಕ

Key words ಹವ್ಯಾಸ, ಕಥೆ ಪುಸ್ತಕ, ಸೀರೆ, ಅಂಗಡಿ, ಹೊಸ, ಕಾದಂಬರಿ, ಪ್ರತಿದಿನ, ಓದು, ಗ್ರಂಥಾಲಯ, ಹತ್ತಿರ, ಬಟ್ಟೆ ಮಾರುವ, ಖರೀದಿಸು, ಬೆಲೆ, ಇನ್ನೂರು ರೂಪಾಯಿ, ಶರ್ಟ್.

ಪುಸ್ತಕ ಓದುವುದು ಒಂದು ಒಳ್ಳೆಯ ಹವ್ಯಾಸ
ನಾನು ಗ್ರಂಥಾಲಯಕ್ಕೆ ಪುಸ್ತಕ ತರಲು ಹೊಗುತ್ತೆನೆ.
ಅಮ್ಮ ಬಟ್ಟೆ ಮಾರುವ ಅಂಗಡಿಗೆ ಹೊದರು
ಅಲ್ಲಿ ಹೊಸ ಸೀರೆಯನ್ನು ನೋಡಿದರು
ನನ್ನ ಅಕ್ಕ ಪ್ರತಿದಿನ ಕಾದಂಬರಿಯನ್ನು ಓದುತ್ತಾಳೆ
ಕಾದಂಬರಿ ಪುಸ್ತಕವನ್ನು ಹತ್ತಿರದ ಗ್ರಂಥಾಲಯದಿಂದ ತರುತ್ತಾಳೆ .
ನಾನು ಹೊಸ ಸೀರೆಯನ್ನು ಖರೀದಿಸಿದೆ.
ಅದರ ಬೆಲೆ ಕೇವಲ ಇನ್ನೂರು ರೂಪಾಯಿ ಆಗಿತ್ತು .
ಇನ್ನೊಂದು ಅಂಗಡಿಯಲ್ಲಿ ಹೊಸ ಶರ್ಟನ್ನು ಅಪ್ಪನಿಗೆ ಖರೀದಿಸಿದೆನು .

ಚಿತ್ರಮಂದಿರ ಮತ್ತು ಆಹಾರ

Key words:ಚಲನಚಿತ್ರ ಏಳು ಗಂಟೆ, ತಿಂಡಿ, ರಾತ್ರಿ, ಹಸಿವು, ಜೊತೆ, ಗೆಳೆಯ, ಬೆಳಿಗ್ಗೆ, ರಾಜಕುಮಾರ್, ಯಾವ, ಹೋಟೇಲು, ಪ್ರಾರಂಭ.

ನಾನು ಚಲನ ಚಿತ್ರ ನೋಡಲು ಹೋಗಿದ್ದೆನು
ಅಲ್ಲಿ ನನ್ನ ಗೆಳೆಯನನ್ನು ನೋಡಿದೆನು
ಈಗ ಬೆಳಿಗ್ಗೆ ಆಯಿತು
ನನ್ನ ತಂಗಿ ಹಸಿವೆ ಎಂದು ಹೇಳತೊಡಗಿದಳು
ನಾನು ನನ್ನ ಗೆಳೆಯನನ್ನು ಚಿತ್ರಮಂದಿರದ ಹತ್ತಿರ ನೋಡಿದೆನು
ನನ್ನ ಜೊತೆಯಲ್ಲಿ ಬರುವೆಯ ಎಂದು ಕೇಳಿದೆನು
ನನ್ನ ಗೆಳಯ ಯಾವ ಚಲನ ಚಿತ್ರಕ್ಕೆ ಹೋಗುವೆ ಎಂದು ಕೇಳಿದನು
ನಾವು ಒಂದು ಹೋಟೇಲಿಗೆ ಹೋದೆವು
ಅಲ್ಲಿ ತಿಂಡಿ ತಿಂದೆವು
ನನ್ನ ಗೆಳೆಯ ರಾಜಕುಮಾರ್‌ನ ಚಿತ್ರವಾದರೆ ಬರುವುದಾಗಿ ತಿಳಿಸಿದನು
ಆಗಲೆ ರಾತ್ರಿಯ ಪ್ರದರ್ಶನ ಪ್ರಾರಂಭವಾಗಿತ್ತು

ರೈಲು ನಿಲ್ದಾಣ ಮತ್ತು ಬ್ಯಾಂಕ್

Key words:ರೈಲು, ಟಿಕೆಟ್, ಪಾಸ್ ಪುಸ್ತಕ, ಬೋಗಿ, ಚೆಕ್‌ಪುಸ್ತಕ,ಹಣ, ಹಸಿರು ಬಾವುಟ, ರೈಲ್ವೆ ಸಿಗ್ನಲ್, ಬೆಂಗಳೂರು ಪ್ರಯಾಣಿಕರು.

ನಾನು ರೈಲು ನಿಲ್ದಾಣಕ್ಕೆ ಹೋದೆನು
ಬೆಂಗಳೂರಿಗೆ ಹೋಗಲು ಟಿಕೆಟ್ ಖರೀದಿಸಿದ್ದೆ
ನಾನು ಬ್ಯಾಂಕಿಗೆ ಚೆಕ್‌ಪುಸ್ತಕದೊದಿಗೆ ಹೋದೆನು
ಪಾಸ್ ಪುಸ್ತಕ ತರಲು ಮರೆತ್ತಿದ್ದೆನು
ರೈಲಿನಲ್ಲಿ ಒಟ್ಟು ಹನ್ನೊದು ಬೋಗಿಗಳಿತ್ತು
ಪ್ರಯಾಣಿಕರು ರೈಲಿನಿಂದ ಇಳಿದು ಬಂದರು
ನನಗೆ ಬ್ಯಾಂಕಿನಲ್ಲಿ ಹಣವನ್ನು ಕೊಟ್ಟರು ಆಮೆಲೆ
ನಾನು ಇನ್ನೂರು ರೂಪಾಯಿ ಡಿ.ಡಿಯನ್ನು ತೆಗೆದುಕೊಂಡೆನು
ರೈಲು ವಾಪಸ್ಸು ಬೆಂಗಳೂರಿಗೆ ಹೊರಟಿತು
ಆಗ ಹಸಿರು ಬಾವುಟವನ್ನು ತೋರಿಸಿದರು.

ರೈತ ಮತ್ತು ಡಾಕ್ಟರ್

Key words: ಗದ್ದೆ, ತೋಟ, ರೋಗಿ, ಸ್ಕೆತೋಸ್ಕೋಪ್, ಮಳೆ,ನೇಗಿಲು,ಮಳೆಗಾಲ,ಆರಾಮ, ಹೃದಯದ ಬಡಿತ, ಉತ್ತು,ತೆಂಗಿನಮರ,ಅಡಿಕೆಮರ.

ರಮೇಶನೊಬ್ಬ ರೈತ
ರಮೇಶನಿಗೆ ಮಳೆಗಾಲ ಆರಂಭವಾಯಿತೆಂದರೆ ಆರಾಮವೆ ಇರುವುದಿಲ್ಲ
ಡಾಕ್ಟರ್ ರೋಗಿಯನ್ನು ಪರೀಕ್ಷೆ ಮಾಡುತ್ತಾರೆ
ಅವರು ಸ್ಕೆತೋಸ್ಕೋಪ್‌ನಿಂದ ಹೃದಯ ಬಡಿತವನ್ನು ಪರೀಕ್ಷಿಸುತ್ತಾರೆ
ರಮೇಶನ ಬಳಿ ಎರಡು ಎತ್ತು ಗಳಿವೆ
ಬೆಳಿಗ್ಗೆ ಅವನು ನೇಗಿಲನ್ನು ಹೊತ್ತಿಕೊಂಡು ಹೋಗುತ್ತಾನೆ
ಅವನ ಗದ್ದೆಯಬಳಿ ಒಂದು ದೊಡ್ಡ ತೋಟವಿದೆ. ಆ ತೋಟದಲ್ಲಿ ಹತ್ತು ತೆಂಗಿನಮರಗಳು ಇವೆ
ಆ ತೋಟದಲ್ಲಿ ಒಂದೆ ಒಂದು ಅಡಿಕೆ ಮರವಿದೆ
ಡಾಕ್ಟರ್ ರೋಗಿಗಳಿಗೆ ಔಷದಿಯನ್ನು ಕೊಡುತ್ತಾರೆ

ಶಾಲೆ ಮತ್ತು ಕ್ಯಾಂಟಿನ್

Key words:ಟೀಚರ್, ಬೆಂಚು, ಕುರ್ಚಿ, ಹೆಡ್ ಮಾಸ್ಟರ್, ಶಾಲಾ ಗ್ರೌಂಡ್, ಆಟ, ಪಾಠ,ಡಾನ್ಸ್,ಕಾಫಿ,ತಿಂಡಿ, ಮಕ್ಕಳು, ತರಗತಿ

ನಾನು ಕ್ಯಾಂಟೀನಿಗೆ ಹೋಗುತ್ತೇನೆ
ಅಲ್ಲಿ ನಾನು ಕಾಫಿ ಕುಡಿಯುತ್ತೇನೆ
ನನ್ನ ಶಾಲೆಯಲ್ಲಿ ಐದು ಮಂದಿ ಟೀಚರ್ ಇದ್ದಾರೆ
ಟೀಚರ್ ಮಕ್ಕಳಿಗೆ ಪಾಠ ಮಾಡುತ್ತಾರೆ
ನಾನು ಈನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿದ್ದೇನೆ
ಪ್ರತಿಯೊಂದು ತರಗತಿಯಲ್ಲಿ ಬೆಂಚು,ಕುರ್ಚಿಗಳು ಇವೆ
ಕ್ಯಾಂಟಿನ್‌ನ ತಿಂಡಿ ಚಾನ್ನಾಗಿ ಇರುತ್ತದೆ
ನಾನು ತಿಂಡಿಯನ್ನು ತೆಗೆದುಕೊಂಡೆನು
ಹೆಡ್‌ಮಾಸ್ಟರ್ ಏಳನೇ ತರಗತಿಯವರಿಗೆ ಪಾಠ ಮಾಡುತ್ತಾರೆ
ಶಾಲೆಯ ಮೈದಾನ ದೊಡ್ಡದಾಗಿದೆ
ಅಲ್ಲಿ ನಾವು ಆಟವಾಡುತ್ತೇವೆ.
ಶಾಲೆಯಲ್ಲಿ ಡಾನ್ಸ್‌ನ್ನು ಸಹ ಹೇಳಿಕೊಡುತ್ತಾರೆ

LESSON XV
IDENTIFICATION OF GENERAL STATEMENT

INSTRUCTION TO THE CUNICIAN:-Here no writen form & *no keywords* will be given. You have to say the sentence & instruct the patient to repeat them.

INSTRUCTION TO THE PATIENT:-Sentences will be presented to you. Attend to them *carefully* & repeat after me.

Eg :-

Clinician presents	Patients response
ನನಗೆ ಜ್ವರ ಇದೆ	ನನಗೆ ಜ್ವರ ಇದೆ

ನಾವು ಪೆನ್ನಿನಿಂದ ಬರೆಯುತ್ತೇವೆ.
ನಾನು ಬೆಳಿಗ್ಗೆ ೬ ಗಂಟೆಗೆ ಎಳುತ್ತೇನೆ.
ನಾನು ಬಸ್ಸಿನಲ್ಲಿ ಆಫೀಸಿಗೆ ಹೋಗುತ್ತೇನೆ.
ನನಗೆ ಪುಸ್ತಕ ಓದುವ ಹವ್ಯಾಸ ಇದೆ
ನನ್ನ ಬಳಿ ೧೦ ಪುಸ್ತಕಗಳು ಇದೆ
ನಾನು ಊಟ ಮಾಡುತ್ತೇನೆ.
ಇವತ್ತು ಚೆನ್ನಾಗಿ ಗಾಳಿ ಬೀಸುತ್ತಿದೆ
ಜೂನ್ ತಿಂಗಳಲ್ಲಿ ಮಳೆ ಬರುತ್ತದೆ.
ನಾವು ನಿನ್ನೆ ಮೈಸೂರಿನ ಪ್ರಾಣಿ ಸಂಗ್ರಹಾಲಯವನ್ನು ನೋಡಿದೆವು
ಅವರು ಟೀಚರ್ ಕೆಲಸ ಮಾಡುತ್ತಾರೆ
ಡಿಸೆಂಬರ್ ತಿಂಗಳಲ್ಲಿ ಚಳಿ ಇರುತ್ತದೆ
ನಾವು ದೂರ ಇರುವವರೆಗೆ ಕಾಗದ ಬರೆಯುತ್ತೇವೆ
ದೀಪಾವಳಿ ಹಬ್ಬದ ದಿನಗಳಲ್ಲಿ ಮಕ್ಕಳು ಪಟಾಕಿ ಒಡೆಯುತ್ತೇರೆ
ರೈತರು ಮಳೆಯನ್ನೇ ನಂಬಿಕೊಂಡು ಜೀವನವನ್ನು ನಡೆಸುತ್ತಾರೆ
ಭಾನುವಾರ ಎಲ್ಲ ಶಾಲಾ ಕಾಲೇಜುಗಳು ಮುಚ್ಚಿರುತ್ತದೆ
ನಾನು ರಾತ್ರಿ ೧೦ ಗಂಟೆಗೆ ಮಲಗುತ್ತೇನೆ
ರೈತರು ಗದ್ದೆಯಲ್ಲಿ ಕೆಲಸವನ್ನು ಮಾಡುತ್ತಾರೆ
ಬೇಸಿಗೆ ಕಾಲದಲ್ಲಿ ತುಂಬಾ ಶೆಕೆಯಾಗಿರುತ್ತದೆ
ಡಾಕ್ಟರ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಇರುತ್ತಾರೆ
ನಮ್ಮ ತಾಯಿ ಇವತ್ತು ರಾತ್ರಿ ಬರುತ್ತಾರೆ.

LESSON XVI
ANSWERING GENERAL QUESTIONS.

INSTRUCTION TO THE CLINICIAN:- Here *no* written material will be provided to the patient you should ask a question from the manual Instruct the patient to answer it.

INSTRUCTION TO THE PATIENT:- You will be asked a few question. Attend to them carefully & answer *them.*

Eg :-

Clinician Presents	Patient's response
ಯಾವುದಕ್ಕೆ ಮೈಸೂರು ತುಂಬಾ ಪ್ರಸಿದ್ಧವಾಗಿದೆ ?	ಮೈಸೂರು ದಸರಾ ಹಬ್ಬಕ್ಕೆ ಪ್ರಸಿದ್ಧವಾಗಿದೆ

ಜನರು ಮೈಸೂರನ್ನು ಯಾಕೆ ಇಷ್ಟಪಡುತ್ತಾರೆ ?
ಬೆಂಗಳೂರು ಯಾಕೆ ಪ್ರಸಿದ್ಧ ?
ಕಾಡು ಪ್ರಾಣಿಗಳನ್ನು ಹೇಗೆ ರಕ್ಷಿಸಬೇಕು ?
ನಮಗೆ ಮಳೆ ಯಾಕೆ ಬೇಕು ?
ಜನರು ಸಮುದ್ರವನ್ನು ನೋಡಲು ಯಾಕೆ ಇಷ್ಟಪಡುತ್ತಾರೆ ?
ಎಲ್ಲರೂ ಯಾಕೆ ಕಲಿಯಬೇಕು ?
ಬಡತನವನ್ನು ಹೇಗೆ ನಿವಾರಿಸಬಹುದು ?
ಜನರು ಬೆಳಿಗ್ಗೆ ಯಾಕೆ ಬೇಗ ಏಳಬೇಕು ?
ರೋಗವನ್ನು ತಡೆಗಟ್ಟುವ ವಿಧಾನಗಳು ಯಾವುವು ?
ಜನರು ಯಾಕೆ ಕೆಲಸ ಮಾಡಬೇಕು ?
ಪೋಲಿಯೋ ನಿವಾರಿಸಲು ಏನು ಮಾಡಬೇಕು ?