Good morning. Thank you for being here.

Before we get started, I need to tell you that today’s activity has been approved by the Wisconsin Medical Society for AMA PRA Category 1 Credit. All of the speakers and planners for this event have made proper disclosure and have no relevant financial relationships related to the subject matter discussed that exist now or in the past 12 months.

We’re going to spend the next 20 minutes or so talking about conversations with patients and strategies for how to improve these so that when your patient leaves they know what they are supposed to do.

But before we get started, I want to spend just a few minutes talking about health literacy and the resources we relied on for our conversation today.

Health literacy is a relatively new field and there isn’t a lot of research on strategies for addressing it. What we have learned comes primarily from the Institute of Medicine’s report, *Health Literacy: A Prescription to End Confusion*, from 2004. That report states that “although causal relationships between limited health literacy and health outcomes are not yet established, cumulative and consistent findings suggest such a causal connection.”

The second document we relied heavily on was the 2007 report from The Joint Commission, *What Did the Doctor Say?*: Improving Health Literacy to Protect Patient Safety. This report concludes that “effective communication is the cornerstone of patient safety.” Communicating with patients is what we are going to focus on today.

Our third key reference was a video, "Health Literacy and Patient Safety: Help Patients Understand," developed by the AMA in 2007 as part of their Health Literacy Educational Kit.

There are several items in your packet that we hope you find useful, including a copy of the report from The Joint Commission.
The video you watched earlier about Ask Me 3 talked about four simple steps that you can take to enhance communication with your patients. We’re going to talk about each of these.

As many of you know, research suggests that enhancing communication strengthens the relationship you have with your patients and positively influences the degree to which they manage their own health.

Research further suggests that engaged/activated/motivated/empowered patients—whatever descriptor you want to use—are more satisfied with their care provider and have better health outcomes.

And, last but not least, the articles we reviewed suggested that making sure that your patients understand what to do when they leave your office decreases the risk of malpractice claims.
Step 1: Slow down

- Be an active listener
- Understand your patient’s culture/consider individual needs
  - Asking your patient to “tell you about themselves” is an effective prompter
- Can obtain a useful sketch of the patient in less than a minute

The first step in improving communication is active listening.
An article in the December 07 issue of the Wisconsin Medical Journal states that a study of patient-physician interactions in primary care found that physicians redirected the patient’s opening statement after about 23 seconds. It also found that patients who were allowed to complete the statement of concerns used only 6 seconds more on average than those who were redirected.

Understanding the context of your patient’s day-to-day lives isn’t new. It simply means adopting language that focuses both on the disease and the person that has the disease. Your packet includes a very concise article about patient-centered interviews which highlights the importance of allowing the individual to tell her story or provide information she feels is important for you to know.

This article suggests that understanding your patient’s individual needs begins by simply asking individuals to “tell me about yourself.” This open-ended question should not only solicit information about what is wrong with her, but should also provide some insight into her as an individual—what her interests, expectations, concerns, and feelings are.

A part of slowing down also means sitting down rather than standing during the visit—being at eye level while you are talking.

At this point, you may be thinking that this sort of approach will increase the length of the visit and cause you to fall behind schedule. The literature we reviewed labels this a myth and suggests that a physician using effective communication strategies can obtain a useful sketch of the patient as a person in less than a minute.
To help your patients understand their condition and what they need to do to get better, it is important to limit the amount of information that you give them.

One physician suggests giving no more than one or two instructions at a time—and checking each as you go, what he calls “Chucks and Checks.”

The research also suggests the use of pictures, diagrams, or models to help in explaining. Or, if you are a budding artist, drawing your own sketches.

Another strategy for explaining conditions and treatment is the use of examples. One of the physicians on the AMA video mentioned earlier uses a door and its hinges to explain arthritis and the treatment needed. That is, he talks about the patient’s knee as being dried out and needing oil. From the expression on her face, it is clear that she understands what he is telling her.
Many people, even highly literate people, have trouble understanding words used in health care. In some instances, a word may be totally unfamiliar. In other cases, a word may be familiar, but the person may not understand it in a health care context.

For example, take the word “hypertension.” Those of us in the room know that “hypertension” means high blood pressure. Others may think that it means hyperactive, that you can’t sit still for very long at a time. If you think about it, hyperactive makes perfectly good sense as a substitute for “hypertension.” So it may be just as easy to say “high blood pressure” to start with.

This is a very short list of words in health care that cause misunderstanding, especially for those with low health literacy.

Does someone want to offer a “kitchen table” or more effective word for “benign? **NOTE: go through the examples asking the group to offer suggestions:** benign = “will not cause harm” or “isn’t cancer.” Lesion? = “wound,” or “sore.” Oral =”by mouth” Fatigue = “tired”

What are other words that you could use to convey the same message for the other words on the list? (avoid = stay away from or do not use/eat; intake = what you eat or drink or what goes in your body; option = choice; adverse reaction = bad).

The last words on this list are value judgment words—those that usually need an example to convey their meaning with clarity. So, for the words here, what could you say (“drink 4-6 glasses of water a day” instead of “adequate,” excessive = too much—if blood soaks through the bandage, . . .”; moderately = not too much, you need to cut back on your running for the next two weeks by at least half of what you are doing now).

The yellow sheet in your packet has additional words that should be avoided and suggests simpler words to use.
Ask Me 3 is a simple tool for your patients and you to use to strengthen your partnership. It is a simple strategy to help your patients feel more comfortable in talking with you. Again, the three questions we are encouraging every patient to make sure they understand the answers to before they leave are:

- What’s wrong with me?
- What do I need to do about it?
- Why is it important?  

### Step 3: Use “kitchen table” or plain language (cont.)

- Explain in simple terms  
  - What is wrong with them  
  - What they need to do about it  
  - Why it is important to do this
Our literature review revealed that typically most patients only understand or accurately recall about half of the medical information they receive.

Often patients are embarrassed to admit that they don’t understand what you told them or don’t think they have time to answer their questions or they don’t even understand enough about the situation to know what questions to ask.

The “teach back” method is simply asking your patients to repeat in their own words what they need to do when they leave your office.

A recent study reported in the Journal of the American Board of Family Medicine (Jan/Feb 2008) of a group of primary care physicians indicates that patients prefer the “teach back” method to simply asking whether they understand or if they have any questions. A copy of the article is in your packet.

So in “teaching back,” you might say, “I want to be sure that I did a good job explaining what’s wrong with you and what we need to do about it. Can you tell me what you will tell your wife about your sore throat and what you will do to feel better?”

If he can’t tell you accurately, try to re-phrase the information rather than just repeating it. Again, check for understanding by asking him to repeat what you’ve told him.

A second part of making sure your patients understand your instructions is paying attention to body language.

You may notice that your patient sometimes looks confused, stares blankly, or may not seem like he is paying attention when you are giving him treatment information. These may be signs that he doesn’t understand what you are explaining.

Again, try using simpler language and concepts and re-phrase the information.
We have a few minutes left to answer questions.

You should also feel free to let ___________________ know if you have additional questions or would like more specific information about something we’ve talked about. She/he will contact me and we will try to get you the information that you need/want.

Thanks again for putting the relationship you have with your patients first and using Ask Me 3 to encourage conversations.

We look forward to working with you over the next few months.
Good morning/afternoon. Thank you for letting us join you today and for agreeing to be a part of a very special project.

Introduce self and colleagues (members of the training team).

Housekeeping Items:
Before we get started, I need to let you know that today's activity has been approved by the Wisconsin Medical Society for AMA PRA Category 1 Credit. All of the speakers and planners for this event have made proper disclosure and have no relevant financial relationships related to the subject matter discussed that exist now or in the past 12 months.

MAs can also use the credit toward their recertification.

We're passing around a sign in sheet—there is one for physicians and a separate one for other clinic staff.

And, there is an evaluation sheet in your packets that we would like you to complete and turn in at the end of our discussion.
Before we get started, I want to thank:

Dr. Anderson for agreeing to have this Center be a part of the pilot.

And, Brenda for her very capable assistance in setting up this session and helping us launch Ask Me 3 here.

And, a big thanks to each of you for the care and dedication that you bring to helping others. Whether you are in accounting, a receptionist, a medical assistant, a doctor, a nurse, or play some other role, please know that I and my colleagues in the Department of Health Services appreciate what you do every day.

The second reason this is a special project is because Wisconsin is one of 14 sites participating in a national project funded by the Robert Wood Johnson Foundation to help individuals get more involved in their own care. And, we are the only site that is targeting low income individuals. So, lots of people are watching what we are doing which is why it will take all of us to make it work.
I hope to accomplish several things today.  
First, I want to give you a bit of background information about the project. 
Next, we will watch a video that explains what Ask Me 3 is. 
I’ll spend a few minutes talking about the evaluation. 
And, wrap up with any questions you might have.

<table>
<thead>
<tr>
<th>Goals</th>
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<tbody>
<tr>
<td>Share information about the pilot</td>
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<tr>
<td>Explain the Ask Me 3 program</td>
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<tr>
<td>Give you the tools/information you need to use Ask Me 3</td>
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<tr>
<td>Share information about the evaluation</td>
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<td>Answer questions</td>
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How many of you have heard about BadgerCare Plus?

Great. As you know, BadgerCare Plus is Governor Doyle’s health care reform initiative to ensure that all children have access to health insurance.

As we were designing the program, we focused not only on increasing access but also on improving quality.

One strategy for enhancing quality is helping individuals get and stay healthy. In order to do this, individuals need to be comfortable talking with their doctor and to become a partner in their own care.

Research tells us that many people—about 90 million or half of the population—have trouble understanding what their doctor tells them.

So in order to improve quality, we need to increase the ability of individuals to read, understand, and use health information. This is health literacy.

There is a sheet in your packet with facts and statistics. I want to mention a few from a large study of health literacy in two urban public hospitals in Atlanta GA with 2,600 primarily indigent and minority patients. This 1995 study found that:

• 1/3 of all patients were unable to read basic health care materials
• About ½ did not understand directions for taking medicine
• About ¼ did not understand information on an appointment slip

We had a lot of help in getting to this point from a number of organizations, including: the Wisconsin Primary Health Care Association, Wisconsin Medical Society, Wisconsin Collaborative for Healthcare Quality, UW Population Health Institute, Wisconsin Literacy, and UW Family Medicine.
You are one of six community health centers in the pilot which will last six months with two starting in September, three in October and two in November.
We will also be working with three clinics that will serve as control sites.

- Westside—Milwaukee
- Marshfield Clinics—Mercer Center
- Access—Madison

- Pilot will be six months long
So, what are we trying to accomplish?
The goals of our pilot project are:
1. to help individuals learn that they have a role to play in their own care
2. to increase satisfaction with the visit—by both the doctor and the patient
3. to improve health outcomes by increasing what patients understand about their illness and what they need to do to get better

We also think that Ask Me 3 may help reduce patient call backs and repeated questions about what they are supposed to do. That it will have an impact on the statistics we talked about earlier.
Ask Me 3 is a very simple tool developed by national health care experts to help patients be more comfortable in asking their doctor questions.

We chose Ask Me 3 for three reasons.

First, we wanted something that had some evidence of effectiveness. While Ask Me 3 has not been evaluated extensively, the three small evaluations that have been done show increased satisfaction with the visit and improved communication between patients and their doctors.

Second, we wanted something that was readily available.

And, third, we wanted something that was simple and easy to understand by our BadgerCare Plus members and other low income populations. Focus groups with BC+ members told us that they liked the three questions and thought they would be helpful in talking with their doctor.

One of the studies actually found that Ask Me 3 helped patients remember what questions to ask.

The pilot project will help us further evaluate Ask Me 3 to determine whether it meets our goals and whether we should implement the program statewide. And, if it shows promise of improving patient satisfaction and engagement in their own care, what is needed to make it effective. That is, could we just make the brochures and patient video available along with this power point. Or, do physician’s need a bit of additional training in simple tools to use to help them communicate better with their patients.

Your input and feedback will be critical in helping us and our partners make these decisions.
We are testing two different models for using the Ask Me 3 materials. Three of the sites will use a social marketing approach where materials are available at the reception desk and a video is playing in the main waiting room. Brochures and posters will also be available in the exam rooms.

The other three sites will use a social marketing plus approach which includes the materials and video plus some additional training for the doctors on simple strategies for improving communication with patients. The other key difference between the two approaches is a person who spends a few minutes talking with patients about Ask Me 3 and encouraging them to ask their doctor questions.

All clinics have or will participate in an orientation session like this one.
Instead of me talking some more, we’re going to watch two short videos that explain what Ask Me 3 is and how to use it.
Your clinic will be a social marketing site.
There are only three simple steps.
First, Ask Me 3 brochures should be in a holder sitting on the receptionist's desk and/or the counter where individuals check in.
The receptionist might say something like “We are starting a new customer service program called Ask Me 3. Please take a brochure to look at while you are waiting.”
Second, the patient watches the Ask Me 3 video in the waiting room while looking at the brochure.
Third, the patient goes to a second waiting room or the exam room when called. The exam is completed as usual and the patient leaves.
That's all you have to do.
The pilot sites will be evaluated to see if Ask Me 3 helps us achieve our goals. The evaluation will NOT be an evaluation of your clinic or your work or the quality of care. Rather, we’re just looking at whether using Ask Me 3 materials helps improve conversations between doctors and patients which, in turn, should improve satisfaction with office visits and increase the number of patients who leave the office knowing what they are supposed to do to get well.

A number of tools are being used to gather information, including patient and provider surveys, focus groups, and a clinician survey.

The evaluation report should be completed in the summer of 2009. Your clinic will have an opportunity to review the draft report.

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### Evaluation

- **Answer key questions**
  - Does Ask Me 3:
    - Increase patient engagement in their own care
    - Improve patient satisfaction
    - Improve health outcomes (long term)

- **Evaluation will include**:
  - Patient surveys
  - Focus groups
  - Surveys with doctors and other direct care staff
So, that’s the Ask Me 3 pilot project.
Are there any questions?
Thank you again for volunteering to work with us. Vivian is our primary contact and I’m sure would be happy to answer any remaining questions you might have. And, if she doesn’t know, she knows how to find me.
Ask Me 3™ is a program to help people start talking to their doctors, nurses, and pharmacists. Getting answers to the 3 questions will help you learn what you can do to get better and stay well. Your clinic and other groups are working together on the Ask Me 3 program.

1. What is my main problem?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. What do I need to do?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3. Why is it important for me to do this?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Ask Me 3™ is an educational program provided by the Partnership for Clear Health Communication at the National Patient Safety Foundation™—a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on safe care and health outcomes.

Good Questions for your HEALTH
To Take Care of Your Health

you need to know:

* About your health problem
* What you need to do to feel better and stay well
* What is important for your health

Your doctor, nurse, and pharmacist want to help you feel better and stay well.

Asking Questions can help you learn what you need to do to be healthy.

At the end of every visit, ask your doctor, nurse, and pharmacist 3 questions about your health:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Don’t be Nervous or Afraid to ask questions.

Your doctor, nurse, and pharmacist want you to know what you can do to feel better and stay well.

If you don’t understand what the doctor, nurse, and pharmacist has told you, it is important to tell them. You might say:

“This is new for me. Will you please tell me again or write it down for me?”

At the end of every visit to the clinic or the drug store, make sure you have the answers to these 3 questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Tips for Talking with Your Doctor, Nurse, and Pharmacist:

There are simple things you can do to help take care of your health when you see your doctor, nurse, and pharmacist.

Which things will you do?

- Ask the 3 questions during my visit. Tell my doctor, nurse, and pharmacist if I don’t understand what they told me.
- Bring a list of questions I have about my health problem or my medicines.
- Bring a list of all my medicines to my doctor visit.
- Bring a family member or friend to help me at my doctor visit or at the drug store.

Good Questions for your HEALTH
Ask Me3™

Ask Your Doctor, Nurse, and Pharmacist:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Good Questions for your HEALTH

Department of Health Services
Ask Your Doctor, Nurse, and Pharmacist:

1. What is my main problem?
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Good Questions
for your HEALTH
Ask Your Doctor, Nurse, and Pharmacist:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?
Escriba las respuestas a sus preguntas a continuación.

**1. ¿Cuál es mi problema principal?**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**2. ¿Qué debo hacer?**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**3. ¿Por qué es importante para mí hacer esto?**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Ask Me 3™ es un programa para ayudar a las personas a conversar con sus médicos, enfermeras y farmacéuticos. Obtener las respuestas a las tres preguntas le será útil para saber lo que usted puede hacer para sentirse mejor y mantenerse bien. Su clínica trabaja en cooperación con otros grupos en el programa Ask Me 3.

Ask Me 3™ es un programa educativo dirigido por Partnership for Clear Health Communication de la National Patient Safety Foundation, una coalición de organizaciones estadounidenses que trabajan conjuntamente para fomentar la toma de conciencia y la búsqueda de soluciones con respecto al problema de la falta de educación en el cuidado de la salud y su efecto en los resultados médicos y la atención médica segura.

Pregúntele a su médico, enfermera o farmacéutico:

**1. ¿Cuál es mi problema principal?**

**2. ¿Qué debo hacer?**

**3. ¿Por qué es importante para mí hacer esto?**

**Preguntas útiles acerca de su SALUD**
Para cuidar su salud, usted necesita saber:
* Acerca de su problema de salud
* Lo que debe hacer para sentirse mejor y mantenerse bien
* Lo que es importante para su salud

Su médico, enfermera y farmacéutico desean ayudarle a sentirse mejor y mantenerse bien.

Su médico, enfermera puede ayudarle a aprender lo que necesita hacer para estar saludable.

Al final de cada consulta, haga a su médico, enfermera o farmacéutico tres preguntas acerca de su salud:

1. ¿Cuál es mi problema principal?
2. ¿Qué debo hacer?
3. ¿Por qué es importante para mí hacer esto?

No se sienta nervioso ni tenga miedo de preguntar.

Su médico, enfermera y farmacéutico desean que usted entienda lo que puede hacer para sentirse mejor y mantenerse bien.

Si no entiende lo que el médico, enfermera o farmacéutico le han dicho, es importante que ellos lo sepan. Les puede decir:

“Esto es nuevo para mí. ¿Me lo podría repetir o escribirme por favor?”

Antes de salir de la clínica o farmacia, asegúrese de tener las respuestas a estas tres preguntas:

1. ¿Cuál es mi problema principal?
2. ¿Qué debo hacer?
3. ¿Por qué es importante para mí hacer esto?

Consejos para conversar con su médico, enfermera o farmacéutico.

Hay cosas simples que usted puede hacer para cuidar su salud cuando visita a su médico, enfermera o farmacéutico.

¿Qué cosas hará usted?
- Haré tres preguntas durante mi consulta. Le diré a mi médico, enfermera o farmacéutico si no entendí lo que me han dicho.
- Llevaré una lista de las preguntas que tengo acerca de mi problema de salud o medicinas.
- Llevaré una lista de todas mis medicinas a la consulta médica.
- Llevaré a un familiar o amigo para que me ayude durante la consulta médica o en la farmacia.

Preguntas útiles acerca de su SALUD
Pregúntele a su médico, enfermera o farmacéutico:

1. ¿Cuál es mi problema principal?
2. ¿Qué debo hacer?
3. ¿Por qué es importante para mí hacer esto?

Preguntas útiles acerca de su SALUD
Pregúntele a su médico, enfermera o farmacéutico:

1. ¿Cuál es mi problema principal?
2. ¿Qué debo hacer?
3. ¿Por qué es importante para mí hacer esto?

Preguntas útiles acerca de su SALUD
Consejos para conversar con su médico, enfermera o farmacéutico.

Hay cosas simples que usted puede hacer para cuidar su salud cuando visita a su médico, enfermera o farmacéutico.

¿Qué cosas hará usted?

- Hacer las 3 preguntas durante mi consulta.
- Traer una lista de preguntas sobre mi problema de salud o medicamentos.
- Traer una lista de todos mis medicamentos a la consulta con mi médico.
- Traer a un miembro de familia o amigo para que me ayude.
Preguntas útiles acerca de su SALUD
Pregúntele a su médico, enfermera o farmacéutico:

1. ¿Cuál es mi problema principal?
2. ¿Qué debo hacer?
3. ¿Por qué es importante para mí hacer esto?
Ask Me 3™ yog ib txoj kev pab cuam los pab sawv daws nrog lawv cov kws kho mob, cov tu neeg mob, thiab cov kws muab tshuaj tham. Nug kom tau lus teb rau peb lo lus nug nov yuav pab kom koi paub hais tias koi yuav ua li cas thiaj khees thiab thiaj zoo. Koj qhov chaw kho mob thiab lwem cov chaw tab tom muab kev koom tes nrog rau txoj kev pab cuam Ask Me 3.

**1.** Kuv tus mob yog li cas tiag?
______________________________________
______________________________________
______________________________________
______________________________________

**2.** Kuv yuav ua li cas?
______________________________________
______________________________________
______________________________________
______________________________________

**3.** Yog vim li cas thiaj tseem ceeb heev rau qhov kuv ua nov?
______________________________________
______________________________________
______________________________________
______________________________________

**BadgerCare+**
Department of Health Services

WCHQ
Wisconsin Collaborative for Healthcare Quality

**Wisconsin Literacy**
Wisconsin Primary Health Care Association

**Partnership for Clear Health Communication at the National Patient Safety Foundation™**
Tsis txhob nthsai nug.

Koj tus kws kho mob, tus tu neeg mob, los yog tus kws muab tshuaj xav kom koj to taub hais tias muaj tej yam koj yuav ua tau kom pab koj khees thiab noj qab nyob zoo.

Yog hais tias koj tsis to taub txog qhov tus kws kho mob, tus tu neeg mob, los yog tus kws muab tshuaj qhia koj, nws yog ib qho tseem ceeb heev koj yuav tau hais qhia rau lawv paub. Tej zaum koj yuav hais tias:

“Qhov nov yog ib qho tshiab rau kuv. Koj puas kam rov haias dua los yog muab sau rau kuv?”

Tom qab txhua zaus koj tuaj mus rau tom qhov chaw kho mob los yog khw muag tshuaj, nco ntsoov xyuas kom koj tau lus teb rau peb los lus nug no:

1. Kuv tus mob yog li cas tiag?
2. Kuv yuav ua li cas?
3. Yog vim li cas thiaj tseem ceeb heev rau qhov kuv ua nov?

Ib Co Lus Zoo Nug

txog koj Kev Noj Qab Haus Huv

Thaum koj mus ntsib koj tus kws kho mob, tus tu neeg mob, los yog tus kws muab tshuaj, lawv yuav qhia tau tej yam yooj yim uas koj yuav ua tau los pab rau koj txoj kev noj qab nyob zoo.

Tej yam koj yuav ua yog dab tsi?

- Nug 3 lo lus thaum kuv mus ntsib lawv. Hais qhia kuv tus kws kho mob, tus tu neeg mob, los yog tus kws muab tshuaj yog hais tais kuv tsis to taub tej lus lawv hais rau kuv.
- Nqa daim ntawv teev cov lus kuv muaj yuav nug txog kuv tus mob los yog kuv cov tshuaj.
- Nqa daim ntawv teev tas nrho kuv cov tshuaj thaum mus ntsib kuv tus kws kho mob.
- Coj ib tug hauv kuv tsev neeg los yog kuv tus phooj ywg mus pab kuv thaum kuv mus ntsib kws kho mob los yog tom khw muag tshuaj.
Nug Koj Tus Kws Kho Mob, Tus Tu Neeg Mob, los yog Tus Kws Muab Tshuaj:

1. Kuv tus mob yog li cas tiag?
2. Kuv yuav ua li cas?
3. Yog vim li cas thiaj tseem ceeb heev rau qhov kuv ua nov?

Ib Co Lus Zoo Nug

*txog køj* Kev Noj Qab Haus Huv
Nug Koj Tus Kws Kho Mob, Tus Tu Neeg Mob, Ios yog Tus Kws Muab Tshuaj:

1. Kuv tus mob yog li cas tiag?
2. Kuv yuav ua li cas?
3. Yog vim li cas thiaj tseem ceeb heev raughov kuv ua nov?

Ib Co Lus Zoo Nug

*txog koj Kev Noj Qab Haus Huv*
Ib Co Tswv Yim Rau Koj Nrog Koj Tus Kws Kho Mob, Tus Tu Neeg Mob, los yog Tus Kws Muab Tshuaj tham.

Thaum koj mus ntsib koj tus kws kho mob, tus tu neeg mob, los yog tus kws muab tshuaj, lawv yuav qhia tau tej yam yooj yim uas koj yuav ua tau los pab rau koj txoj kev noj qab nyob zoo.

**Tej yam koj yuav ua yog dab tsi?**

- Nug 3 lo lus nug thaum kuv mus ntsib lawv.
- Nqa ib daim ntawv teev cov lus nug txog kuv tus mob los yog kuv cov tshuaj noj.
- Nqa ib daim ntawv teev tas nrho kuv cov tshuaj noj thaum kuv mus ntsib kws kho mob.
- Coj ib tus hauv kuv tsev neeg los yog ib tus phooj ywg mus pab kuv.
Ib Co Lus Zoo Nug

txog koj Kev Noj Qab Haus Huv
Nug Koj Tus Kws Kho Mob, Tus Tu Neeg Mob, los yog Tus Kws Muab Tshuaj:

1. Kuv tus mob yog li cas tiag?
2. Kuv yuav ua li cas?
3. Yog vim li cas thiaj tseem ceeb heev rau qhov kuv ua nov?