

## APPENDIX A:

### Transcription Symbols

The transcription notation system employed for data segments is an adaptation of Gail Jefferson's work (see Atkinson & Heritage (Eds.), 1984, pp. ix-xvi; Beach (Ed.), 1989, pp. 89-90). The symbols may be described as follows:

- : Colon(s): Extended or stretched sound, syllable, or word.
- Underlining: Vocalic emphasis.
- (.) Micropause: Brief pause of less than (0.2).
- (1.2) Timed Pause: Intervals occurring within and between same or different speaker's utterance.
- (( )) Double Parentheses: Scenic details.
- ( ) Single Parentheses: Transcriptionist doubt.
- . Period: Falling vocal pitch.
- ? Question Marks: Rising vocal pitch.
- ↑ ↓ Arrows: Pitch resets; marked rising and falling shifts in intonation.
- ° ° Degree Signs: A passage of talk noticeably softer than surrounding talk.
- = Equal Signs: Latching of contiguous utterances, with no interval or overlap.
- [ ] Brackets: Speech overlap.
- [ [ Double Brackets: Simultaneous speech orientations to prior turn.
- ! Exclamation Points: Animated speech tone.
- Hyphens: Halting, abrupt cut off of sound or word.
- > < Less Than/Greater Than Signs: Portions of an utterance delivered at a pace noticeably quicker than surrounding talk.
- OKAY CAPS: Extreme loudness compared with surrounding talk.
- hhh .hhh H's: Audible outbreaths, possibly laughter. The more h's, the longer the aspiration. Aspirations with periods indicate audible inbreaths (e.g., .hhh). H's within (e.g., ye(hh)s) parentheses mark within-speech aspirations, possible laughter.
- pt Lip Smack: Often preceding an inbreath.
- hah Laugh Syllable: Relative closed or open position of laughter
- heh
- hoh
- \$ Smile Voice: Laughing/chuckling talk between markers.

## Appendix B: Transcript

### *Excerpt two: Kaiser #1:8*

PAT: U:h But uh everyone else sees different parts of (1.0)  
of I- I can't say Lynda (0.4) I won't °say Lynda°.

1→ INT: So:o in other words uh uh you have this like kind of a fals:e  
different areas of your life° (. ) person, [°in these

2→ PAT: [I do: I feel like every ] where  
a play- a performance for every  
place I go.  
(0.4) I'm going, I'm putting on

A→ INT: You're almost tearful, as you talk about this no:w.  
(I) can hear the chokingness in [your voice]

B→ PAT: [ °\$Yeah\$.° ]  
(0.7)

3→ INT: U:mm one of the things I noticed that you checked

C→ off on your uh:m (1.0) pt I'm sorry this  
looks like [a lot of pain for you.]

D→ PAT: [T h a t's o k a y. ] °It's okay.°

E→ INT: .hh Would you like uh tissue?

F→ PAT: °Okay.°

3→ INT: One of the thi:ngs that I was concerned about when  
I reviewed your- yer history was, you checked off you  
had been raped or molested.

## Appendix C: Excerpt of Health Appraisal Questionnaire

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### Summary of "Scanned Patient Input" as a Basis for History-Taking (Actual Records – But Not From Patient Examined Herein)



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### Health Appraisal Questionnaire

#### MEDICATIONS

28.) Please list all prescription medications not previously listed that you take regularly:


29.) Please list all non prescription or over the counter medications not previously listed that you take regularly:


#### WOMEN'S HEALTH

1.) How often do you do a breast exam?

- at least once a month.
- several times a year.
- at most once a year.

I have a:

- a lump in my breast.
- colored or bloody nipple discharge.
- clear or white nipple discharge.
- problem with breast tenderness or pain.
- Has your physician ever recommended that you have a mammogram.
- My last mammogram was:
  - within the past year.
  - more than 2 years ago.
  - within the past 2 years.
  - never.

I have had:

- a breast biopsy or aspiration that was NOT cancer.
- a lumpectomy for cancer.
- a mastectomy for cancer.
- fibrocystic breast diagnosis.
- a breast problem not on the list.

I am:

- currently pregnant.
- still having menstrual periods.
- definitely in menopause.

a.) If yes, because:

- of a hysterectomy.
- of age.
- of other reasons.

16.) not certain about my present state.

I have:

- vaginal itching.
- a vaginal discharge.
- vaginal dryness.
- pain with intercourse.
- chronic pelvic pain.

I currently have:

- no periods.
- regular periods.
- irregular periods.
- very irregular periods.
- heavy periods.
- very heavy periods.
- a lot of pain with my periods.

I currently have:

- vaginal bleeding or spotting between periods.
- vaginal spotting after I thought menopause started.

I have:

- loss of urine, but only when I cough.
- spontaneous loss of urine.
- pain or burning with urination.
- had blood in my urine.
- to urinate frequently.
- repeated urinary infections.
- a urinary problem not on this list.

I have had:

- an infected tube or other pelvic infection.
- nephritis or glomerulonephritis (Bright's Disease).
- ectopic pregnancy.
- a kidney stone.
- pyelonephritis.
- had a PAP smear:
  - never.
  - more than a year ago.
  - in the past year.
  - that was once abnormal.

I am:

- a virgin.
- not sexually active within the past year.

46.) no longer sexually active.

- sexually active with a male partner.
- sexually active with a female partner.

- sexually active with more than 1 partner.
- satisfied with my sex life.
- in need of birth control advice.

- possibly at risk for AIDS.
- diagnosed with HIV / AIDS.

I have had:

- urthritis.
- genital herpes.
- gonorrhea.
- syphilis.

- a sexually transmitted disease not on this list.

- Y
- N
- 59.) What type of birth control do you currently use:

- none
- condoms
- IUD
- diaphragm
- oral contraceptives (birth control pills)
- injectable or implanted hormones
- spermicides (foam, jelly)
- other (i.e.: rhythm, sponge, cap)

- 60.) How many pregnancies have you had:
- 0
- 1
- 2
- 3
- 4+

- 61.) How many births have you had:
- 0
- 1
- 2
- 3
- 4+

- I have had:
- reproductive, urinary, or sexual problems that are not mentioned.
- 62.) abnormal blood clots during pregnancy.
- 63.) other abnormal blood clots in the past.
- 64.) to be taken off the pill because of clotting problems.

- I have:
- 65.) been physically abused as a child.
- 66.) been verbally abused as a child.
- 67.) been sexually molested as a child or adolescent.
- 68.) been raped.

- 69.) been threatened or abused as an adult by a sexual partner.
- 70.) has your partner ever threatened, pushed, or shoved you?

- 71.) Have you ever threatened, pushed, or shoved your partner?
- 72.) Have you ever had a partner threaten or abuse your children?

- 73.) Have you ever?
- 74.) lived in a war zone?
- 75.) been rejected for the armed service?
- 76.) been rejected for life insurance?





**WOMEN'S HEALTH**

- Patient does a breast exam: at least once a month
- Patient's last mammogram was: never.
- Patient is still having menstrual periods.
- Patient currently has irregular periods.
- Patient currently has a lot of pain with her periods.
- She has not been sexually active within the past year.
- She is no longer sexually active.
- Type of birth control used: tubal ligation
- Number of pregnancies: four or more
- Number of live births: three
- Patient has been physically abused as a child.
- Patient has been verbally abused as a child.
- - Patient has been sexually molested as a child or adolescent.
- Patient has been threatened or abused as an adult by a sexual partner
- Her partner has threatened, pushed, or shoved her.
- Her partner has threatened or abused her children.

**MUSCULO-SKELETAL**

\*\*\* Nothing Remarkable Noted \*\*\*

**HOSPITALIZATIONS AND SERIOUS ILLNESS**

- Medical and psychiatric hospitalizations not previously mentioned: 3 C-sections.

**FEAMILY HISTORY**

- Alcoholism: Father, Brothers
- Street or illegal drug use: Brothers, Sisters
- Arthritis: Mother
- Serious health or emotional problem: Children
- Additional diseases: High blood pressure- Mom, sister, brother.
- Additional diseases: Thyroid, diabetes- Mom, sister.
- Additional diseases: Liver failure- Grandmother.
- Number of siblings: five
- Patient is aware of the health of her biological family.
- Patient is in contact with all her living family of origin.
- One of her children has a serious health or emotional problem.