

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:

:	<u>Colon(s)</u> : Extended or stretched sound, syllable, or word.
<u> </u>	<u>Underlining</u> : Vocalic emphasis.
(.)	<u>Micropause</u> : Brief pause of less than (0.2).
(1.2)	<u>Timed Pause</u> : Intervals occurring within and between same or different speaker's utterance.
(())	<u>Double Parentheses</u> : Scenic details.
()	<u>Single Parentheses</u> : Transcriptionist doubt.
.	<u>Period</u> : Falling vocal pitch.
?	<u>Question Marks</u> : Rising vocal pitch.
↑ ↓	<u>Arrows</u> : Pitch resets; marked rising and falling shifts in intonation.
° °	<u>Degree Signs</u> : A passage of talk noticeably softer than surrounding talk.
=	<u>Equal Signs</u> : Latching of contiguous utterances, with no interval or overlap.
[]	<u>Brackets</u> : Speech overlap.
[[]]	<u>Double Brackets</u> : Simultaneous speech orientations to prior turn.
!	<u>Exclamation Points</u> : Animated speech tone.
-	<u>Hyphens</u> : Halting, abrupt cut off of sound or word.
> <	<u>Less Than/Greater Than Signs</u> : Portions of an utterance delivered at a pace noticeably quicker than surrounding talk.
OKAY	<u>CAPS</u> : Extreme loudness compared with surrounding talk.
hhh	<u>.hhh H's</u> : 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	<u>Lip Smack</u> : Often preceding an inbreath.
hah heh hoh	<u>Laugh Syllable</u> : Relative closed or open position of laughter
\$	<u>Smile Voice</u> : 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 (.) person, [°in these
different areas of your life°]
- 2→ PAT: [I do: I feel like every] where I'm going, I'm putting on
a play- a performance for every
place I go.
(0.4)
- 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 things 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

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



12199

Health Appraisal Questionnaire

Office Use Only

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:

- 2.) lump in my breast.
3.) colored or bloody nipple discharge.
4.) clear or white nipple discharge.
5.) problem with breast tenderness or pain.

6.) Has your physician ever recommended that you have a mammogram.

- 7.) My last mammogram was:
☐ within the past year.
☐ more than 2 years ago.
☐ within the past 2 years.
☐ never.

I have had:

- 8.) a breast biopsy or aspiration that was NOT cancer.
9.) a lumpectomy for cancer.
10.) a mastectomy for cancer.
11.) fibrocystic breast diagnosis.
12.) a breast problem not on the list.

I am:

- 13.) currently pregnant.
14.) still having menstrual periods.
15.) definitely in menopause.

- a.) If yes, because:
☐ of a hysterectomy.
☐ of age.
☐ of other reasons.

16.) not certain about my present state.

I have:

- 17.) vaginal itching.
18.) a vaginal discharge.
19.) vaginal dryness.
20.) pain with intercourse.
21.) chronic pelvic pain.

I currently have:

- 22.) no periods.
23.) regular periods.
24.) irregular periods.
25.) very irregular periods.
26.) heavy periods.
27.) very heavy periods.
28.) a lot of pain with my periods.

I currently have:

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

I have:

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

I have had:

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

I am:

- 44.) a virgin.
45.) not sexually active within the past year.
46.) no longer sexually active.
47.) sexually active with a male partner.
48.) sexually active with a female partner.
49.) sexually active with more than 1 partner.
50.) satisfied with my sex life.
51.) in need of birth control advice.
52.) possibly at risk for AIDS.
53.) diagnosed with HIV : AIDS.
I have had:
54.) urethritis.
55.) genital herpes.
56.) gonorrhea.
57.) syphilis.
58.) a sexually transmitted disease not on this list.

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

- ☐ none ☐ condoms ☐ IUD
☐ diaphragm ☐ tubal ligation
☐ 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:

- 62.) reproductive, urinary, or sexual problems that are not mentioned.
63.) abnormal blood clots during pregnancy.
64.) other abnormal blood clots in the past.

65.) to be taken off the pill because of clotting problems.

I have:

- 66.) been physically abused as a child.
67.) been verbally abused as a child.
68.) been sexually molested as a child or adolescent.
69.) been raped.
70.) been threatened or abused as an adult by a sexual partner.
71.) Has your partner ever threatened, pushed, or shoved you?
72.) Have you ever threatened, pushed, or shoved your partner?
73.) Have you ever had a partner threaten or abuse your children?
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.

FAMILY 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.

Patient: Mrs. B
MRN: 000000000