**THE ROTER METHOD**

**OF**

**INTERACTION PROCESS ANALYSIS**

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**THE ROTER METHOD OF INTERACTION PROCESS ANALYSIS**

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**Introduction**

The Roter Interaction Analysis System (RIAS) is a method of coding provider-patient/client interactions. The system is broadly derived from the seminal work of Robert Bales for assessing patterns of small group interaction during problem-solving and decision-making (Interaction Process Analysis, Cambridge, Mass.: Addison-Wesley, 1950). The RIAS differs substantially from the original Bale's Process Analysis in four ways:

* The coding approach is tailored to dyadic exchange specific to the encounter. All patient/client and physician/provider dialogue is coded into categories that may be applied to each speaker, although some categories may be more common to a particular speaker.
* Categories are tailored to directly reflect the content and context of the routine dialogue between providers and patients during medical exchanges.
* Identification and classification of verbal events are coded directly from videotapes or audiotapes and not transcripts.
* Since coding is done directly from video or audiotapes, rather than transcripts, assessment of the tonal qualities of interaction is possible. These tonal qualities transmit the emotional context of the visit beyond the significance of the words spoken. Based on a general affective impression, coders rate all speakers on global affective dimensions such as anger, anxiety, dominance, friendliness and interest.

**Coding Categories**

Communication units are defined as "utterances"--the smallest discriminable speech segment to which a classification may be assigned. The unit may vary in length from a single word to a lengthy sentence. A sentence is considered one unit if it conveys only one thought or relates to one item of interest. Compound sentences are often divided at the conjunction. If a thought or sentence is interrupted or divided by a pause of one second or more, then each sentence fragment is coded as a separate utterance. If the first portion of the divided thought can be categorized, the content of the second fragment is attributed to the same category as the first. If, however, the first portion has no content, it stands alone as a transition. If the fragments lack content or meaning, and therefore cannot fairly be assigned to one of the other categories, they would be coded as transitions.

*Examples:*

*My arm's been hurting--(1 sec)--lots. (Gives-Med; Gives-Med)*

*I've lots--(1 sec)--of pain in my arm. (Trans; Gives-Med)*

*I've lots--(1 sec)--I can't--(1 sec)--I can't move my arm.*

*(Trans; Trans; Gives-Med)*

The average time for coding an encounter is usually 3 to 4 times the length of the encounter, so that a 15 minute visit would take 45-60 minutes to code.

**Rules of Thumb**

1. While coding rules and category definitions are provided, an interpretive function must also be considered for proper coding. This is especially evident in terms of how things are said, that is, voice tone and intonation of a statement should be interpreted by the coder in determining the appropriate category.

*For example: The voice emphasis on "hope" in "I hope this is all we'll have to do" results in the interpretation of the statement as one of concern or worry. In contrast, the same statement with all words equally stressed and lighter delivery would likely be coded as reassurance/optimism.*

2. Bales suggests that if a decision must be made between categorizing an utterance in a task or affect category, the affect category should be used. The reason given by Bales is that the explicit content is likely to direct codes to the task-neutral domain; our intuition responds to implicit affective messages which would point to the affect domain. Since affective interchange is relatively uncommon, when a question of the appropriate code arises it is more likely to be affective than neutral, and intuition should be followed.

*For example: "I'm terribly mean to you stealing all of this blood" could be coded as a neutral statement of information, or statement of concern or worry, or as a joke. Because of the doubt, the first of these categories should be eliminated*.

3. Further help in deciding categories may be gained from the manner in which the receiver interprets the statement. In the example above, if a patient laughs in response to the statement, it would be coded as a joke; if the patient responds as if accepting an apology or statement of concern, it would be coded accordingly (as a concern statement).

4. Use caution in automatically assigning key words to specific categories. Some words have different functions and meanings depending on the context in which they are used and the intent they imply.

*For example: "OK" may be used in the following ways:*

*1. Signifying agreement or understanding*

*2. Asking for understanding*

*3. Indicating a transition to another topic*

*4. Back-channel/facilitative response*

**Summary: Rules for Coding in Ambiguous Situations**

1. Code according to voice tone and emphasis.

2. Code using an affective category when there is doubt between a task-neutral and affective category.

3. Code according to listener's response.

4. Code according to context.

The strength of coding directly from the audio record is that it allows for an expansion of verbal interpretation of a phrase by incorporating voice tone and emphasis into its interpretation. For example, expressions reflecting concern, disagreement, optimism or approval are conveyed through voice tone and emphasis as well as word content and context. While tonal and emphatic nuances are difficult to define or describe, they are registered and interpreted, by most people, uniformly.

**Interview Segments**

A typical clinic visit generally follows the pattern of opening, history-taking, physical exam, counseling and closing. Certain categories of talk typically characterize a segment, although any category can occur within any segment. These interview segments are distinguished as follows:

* Opening: This includes the greetings and any initial provider probes regarding the reason for the visit. The opening ends when closed-ended questions mark the transition to the history-taking segment.
* History: The history-taking segment begins when the provider follows up on a specific topic or follows a line of questioning about the patient's medical problems, personal and family medical histories, medical background and previous treatments, or other lifestyle or psychosocial concerns. The history segment usually concludes with the provider making Orientation statements that indicate to the patient that the physical exam will follow.
* Exam: The exam segment includes the actual physical exam procedures. The provider and patient may continue to discuss the medical condition or other information during this period, but the primary ongoing activity is the exam. Orientation statements frequently increase during this interview segment as the provider tells the patient what to do or what is about to happen in relation to exam procedures. In some cases, the exam segment is clearly concluded when accompanied by verbal statements to that effect and/or when the provider leaves the room in order to allow the patient to dress. In other cases, the transition to the counseling segment is not so clear, but is usually characterized by changes in verbal exchange.
* Counsel: The end of the exam segment and the beginning of the counseling segment is generally characterized by a decrease in the number of Orientation statements and an increase in Gives Information (either by the provider or patient) and/or Counsels/Directs Behavior statements. This interview segment consists of information-giving or counseling regarding the patient's medical condition, proposed therapeutic regimen, and/or other lifestyle or psychosocial information or suggestions.
* Closing: The counseling segment concludes with the closing remarks. The closing is often marked by a transitional statement or voice tone that indicates that the visit is being "tidied up." Of particular interest is the "Oh, by the way..." introduction of new problems, which may occur when the patient becomes aware that the visit is concluding. By marking the closing of the visit, the dynamics of this portion of the visit may be studied.

**Abbreviations for RIAS Categories**

page

8 Personal Personal remarks, social conversation

8 Laughs Laughs, tells jokes

8 Concern Shows concern or worry

9 R/O Reassures, encourages or shows optimism

10 Approve Shows approval - direct

11 Comp Gives compliment - general

12 Disagree Shows disapproval - direct

13 Crit Shows criticism - general

13 Emp Empathy statements

14 Legit Legitimizing statements

14 Partner Partnership statements (Physician only)

15 Self-Dis Self-disclosure statements (Physician only)

15 ?Reassure Asks for reassurance

16 Agree Shows agreement or understanding

17 BC Back-channel responses

18 Trans Transition words

18 Orient Gives orientation, instructions

19 Checks Paraphrase/Checks for understanding

21 ?Understand Asks for understanding

22 ?Bid Bid for repetition

22 ?Opinion Asks for opinion (Physician only)

23 ?Permission Asks for permission (Physician only)

25 Gives-Med Gives information-Medical condition

29 Gives-Thera Gives information-Therapeutic regimen

32 Gives-L/S Gives information-Lifestyle

35 Gives-P/S Gives information- Psychosocial

38 Gives-Other Gives information-Other

26 [?]Med Asks closed-ended questions-Medical condition

30 [?]Thera Asks closed-ended questions-Therapeutic regimen

33 [?]L/S Asks closed-ended questions-Lifestyle

36 [?]P/S Asks closed-ended questions-Psychosocial

38 [?]Other Asks closed-ended questions-Other

27 ?Med Asks open-ended questions-Medical condition

31 ?Thera Asks open-ended questions-Therapeutic regimen

34 ?L/S Asks open-ended questions-Lifestyle

37 ?P/S Asks open-ended questions- Psychosocial

38 ?Other Asks open-ended questions-Other

39 C-Med/Thera Counsels-Medical/Therapeutic regimen (Physician only)

40 C-L/S-P/S Counsels-Lifestyle/Psychosocial (Physician only)

41 ?Service Requests for services (Patient only)

Unintel Unintelligible utterances

**Personal Remarks, Social Conversation (Personal)**

1. Greetings, initiating contact through friendly statements that are part of a formal greeting, return of friendly gestures and greetings, and goodbyes. (\*Exception: When the patient responds to a greeting of "How are you?" with a description of medical problems, the question would be coded as Asks for Opinion, as this is the way the question was interpreted.)

*Examples:*

*Hello, I'm Dr. Smith. How's it going?*

*Fine, thanks. How about you?*

*Nice to meet you. (Personal at beginning of visit; Approve at end of visit)*

*Nice to meet you, too. (Personal at beginning of visit: Approve at end of visit)*

*Goodbye now. See you.*

2. Conversation on weather, sports or any non-medical or social topic of general health that is not related directly to the discussion of general health.

**Laughs, Tells Jokes (Laughs)**

1. Includes friendly jokes, trying to amuse or entertain, kidding around, good-natured teasing, morbid jokes (e.g., "I might blow away in a strong wind"), and all forms of laughter.

2. Laughter in response to jokes is coded by each utterance, with pauses breaking up laughter making each fragment count as a separate utterance.

**Shows Concern or Worry (Concern)**

1. A statement or non-verbal expression indicating that a condition or event is serious, worrisome, distressing or deserving special attention (such as comforting or other special consideration) and is of particular concern at this point in time. These statements have a strong and immediate emotional or psychosocial component, and do not refer to a more general frame of mind or past issues (see Gives Information-Psychosocial or Counsels-Lifestyle/Psychosocial). Voice tone, intonation or verbal content may disclose worries, concerns, stress, nervousness, personal preferences or uncertainties that are of immediate concern.

*Examples:*

*I'm worried about your blood pressure.*

*Oh, I'm afraid this will hurt.*

*I hope that this is all that we'll have to do.*

*I just want to know if I'm heading for the hospital.*

*I hope that you can give me something to stop this pain.*

*I guess that I have been more irritable than usual.*

*I'm under a lot of pressure at home and at work.*

*This might hurt. (Concern) I'll be very gentle. (R/O)*

*I'm so upset about my son.*

2. Includes negative emotional descriptions of the medical situation or discussions of somewhat non-specific feelings, even if describing a physical state:

*Examples:*

*It's strange...I've felt lousy. (2 utterances)*

*I just don't feel up to par.*

3. Includes statements that ask for pardon and indicate concern for the other's feelings (but does not include routine social amenities).

*Examples:*

*I'm sorry that this will hurt.*

*I’m sorry to make you wait so long.*

*I apologize for the mix-up with your chart.*

4. Includes self-criticism:

*Example:*

*I'm a weak kind of a guy when it comes to smoking.*

**Reassures, Encourages or Shows Optimism (R/O)**

1. Includes statements indicating optimism, encouragement, relief of worry or reassurance. Reassures statements are differentiated from Approvals or Compliments in that they are more intensely personal, intimate or immediate (in other words, reflecting how the patient or physician feels at this point in time). Also includes prognostic statements that are related to physical or emotional consequences. More positive than Concern/Worry statements:

*Examples:*

*I wouldn't worry about it. This looks a lot better. (2 utterances)*

*I feel real good.*

*I'm not worried anymore.*

*This won't hurt at all.*

*You'll be feeling better before you know it.*

*I think this will be all that we'll have to do.*

*You won't need to worry about any side effects.*

*I really think this will help.*

*My asthma's much better.*

*I'm sorry about your husband. (Concern) But I bet he’ll do OK. (R/O)*

2. Includes positive emotional descriptions of one's self, the medical situation, or discussions of somewhat non-specific (e.g., "awesome" or "fantastic") feelings, even if describing a physical state.

*Examples:*

*It's wild...I've felt fabulous. (2 utterances)*

*I'm feeling better than ever.*

*I've been doing great!*

3. Includes statements that show an awareness of the other's feelings in a positive upbeat way, or respond to a request for reassurance

*Examples:*

*See, that didn't hurt too much.*

*The sting will go away in just a few seconds.*

*Pt: Will I have to have this [procedure] done again?*

*Dr: No, I don't think this will be a problem for you anymore.*

**Shows Approval-Direct (Approve)**

1. Compliments, expressions of approval, gratitude, praise, reward, respect or admiration directed to the other person present.

*Examples:*

*You're looking good today.*

*That was terrific! [re. something the other has done]*

*I really appreciate what you've done.*

*I don't know how I'd manage without you.*

*You've been helpful giving information.*

Includes such statements as "Thank you," "You're welcome," and "Nice to have met you" when stated at or near the end of the interview.

When the doctor responds in an approving manner to something that the patient says but for which the patient is not directly responsible, this is coded as Reassures/Optimism, not Approval.

*Example:*

*Pt: The nurse said my white blood count was better. (Gives-Med)*

*Dr: Oh, good! (R/O) [ie, expresses optimism re. patient status]*

*v.*

*Pt: I've started walking on my lunch break. (Gives-L/S)*

*Dr: Great! (Approve) [ie, expresses approval of patient effort]*

When the doctor instructs the patient during the exam, the doctor's response of "Good" may indicate approval that the patient has responded correctly.

*Example:*

*Dr: Take a deep breath. (Orient) Good. (Approve)*

*v.*

*Dr: Take a deep breath. (Orient) Your lungs sound good. (R/O)*

*v.*

*Dr: Take a deep breath. (Orient) Your lungs sound normal. (Gives-Med)*

2. Exclamations that convey positive feeling in response to something the other said:

*Examples:*

*How interesting!*

*Oh, really!*

*Wow!*

3. A compliment of something attributed specifically to the other:

*Examples:*

*I like your dress.*

*Your office staff is very helpful.*

*Those little boys of yours are so well-behaved.*

**Gives Compliment - General (Comp)**

1. Compliments, expressions of approval, gratitude, praise, reward, respect or admiration directed to another not present during the exchange:

*Examples:*

*Dr. Gray is so thoughtful. I really like him.*

*Calvert Lab does excellent work.*

*The nursing staff there has done wonders for Mom.*

In certain contexts an approving statement may be a Reassures/Optimism statement:

*Example:*

*Pt: I went to see Dr. Klein last week. He's a wonderful doctor. (Gives-Med; Comp)*

*v.*

*Pt: Do you really think that Dr. Klein can help me? (?Reassure)*

*Dr: Yes, I think that treatment is going to work. (R/O)*

2. A compliment of something attributed specifically to another:

*Examples:*

*They've done a beautiful job with the garden this year.*

*Dr. Marshall's clinic is very convenient.*

**Shows Disapproval - Direct (Disagree)**

1. Any indication of disapproval, criticism, complaint, rejection, coolness or disbelief directed expressly to the other person present. This includes statements that contradict or refute something said by the other, or imply disagreement with or rejection of the other's hypotheses, ideas or opinions:

*Examples:*

*No, I don't think so.*

*That's impossible.*

*I don't believe in those flu shots.*

2. Sarcasm:

*Examples:*

*Two packs a day? That's just great.*

*Oh, wonderful, another blood test.*

3. Protests/defensive statements:

*Examples:*

*But you promised you would quit by the first of the month.*

*I thought you said I wouldn't need any shots.*

*I did not say it would be completely healed in two weeks.*

*Look, if you don't want to get better, then just keep running around. It's not my problem. If you don't want the test, then don't get it.*

*I'll take care of it as I see fit.*

*I told you so.*

*Don't say I didn't warn you.*

*Every problem with your back you have brought upon yourself.*

4. Often differentiated from statements showing concern by the intent to contradict:

*Dr: You've lost two pounds. That won't make a difference. (Gives Med; Concern)*

*v.*

*D: How's your weight? (? Med)*

*Pt: Pretty good. I've lost two pounds. (R/O; Gives Med)*

*Dr: Two pounds. That's not good enough. (Checks; Disagree)*

**Shows Criticism - General (Crit)**

1. Any indication of disapproval, complaint, rejection, coolness, or disbelief directed toward another not involved in the exchange. Includes statements that contradict or refute something said by another, or imply disagreement with or rejection of another's hypotheses, ideas or opinions:

*Examples:*

*My husband can't cook worth beans.*

*She's never there when I need her.*

*I just don't like the way they run things up there.*

*Whatever...they can do what they like as long as it doesn't bother me.*

*I can't believe he said that to you.*

*She told me to take it four times a day, but I say forget it.*

*It's just not worth it.*

*I don't buy all this stuff about vitamins and such.*

2. Sarcasm: "$600 a month. Right, like we can really afford that."

3. Defensive statements:

*Example:*

*They're the ones who told me I could take the time off.*

**Empathy Statements (Emp)**

1. Statements that paraphrase, interpret, name or recognize the emotional state of the other person present during the visit.

*Examples:*

*This is distressing for you, I understand.*

*The pain must be very upsetting for you.*

*You seem to be a little bit tense.*

*You must be worried.*

*You must have been nervous.*

*What a relief for you!*

*I understand how you must be feeling.*

**Legitimizing Statements (Legit)**

1. Statements that indicate that the other's emotional situation, actions, or thoughts are understandable and normal.

*Examples:*

*I understand why you're worried.*

*I can see why you're having trouble sleeping.*

*It's natural to be concerned about your family.*

*Many people feel the same way.*

These statements indicate that it is understandable why the other feels or thinks a certain way, and not merely that they feel or think this way.

2. Statements that normalize the other's actions, emotions or thoughts by making them universal.

*Examples:*

*Those ideas flit through everyone's head at some time.*

*Who wouldn't be afraid of cancer?*

*Having a new baby would make anybody tense.*

**Partnership Statements (Physician category) (Partner)**

1. Statements that convey the physician's alliance with the patient in terms of help and support, decision-making, or the development of the therapeutic plan.

*Examples:*

*Let's figure out when would be the best time to get together again.*

*I'd like us to work together to figure out the most reasonable plan for you.*

*Maybe we could schedule a talk on the phone to go over those results and your questions.*

*Let me know what I can do to help.*

*We've been working together for a month, and we're going to continue to be working together. Next time let's see what thoughts you've come up with, and what other suggestions I can come up with, and work on that.*

*You can't rely on me or on the mammogram alone. (Concern) It has to be a team approach. (Partner)*

*I will be an advocate on your behalf.*

*I’d be happy to talk to your family members.*

**Self-Disclosure Statements (Physician category) (Self-Dis)**

1. Statements that describe the physician's personal experiences in areas that have medical and/or emotional relevance for the patient. Self-disclosure statements are distinguished from Personal remarks in that Personal talk is generally characterized as friendly conversation or social "chit-chat," whereas Self-disclosure statements are a reflection of the physician's own life experiences that may be shared by, or have significance for, other people. Self-disclosure is the revealing of a non-public personal component.

*Examples:*

*My wife was diagnosed with breast cancer two years ago [Self-Dis], and I know how rough it is for everyone [Legit].*

*I had that same knee replacement surgery [Self-Dis], and it was worth it[R/O].*

*When my first son left for college, what a change!*

*That's what it's all about for me--helping patients get over pain.*

*I used to smoke until I realized that it was killing me.*

**Asks for Reassurance (?Reassure)**

1. Questions of concern that convey the need or desire to be reassured or encouraged. Voice tone, intonation and emotional content may be of significance when distinguishing questions that ask for reassurance from other questions.

*Examples:*

*Do you really think that I can stop smoking?*

*Those tests don't hurt too much, do they?*

*Do you think it's serious?*

*Will this eczema ever clear up?*

*Are you sure that you’re going to take your medications?*

*Can you reassure me that you’ll do this?*

*Examples:*

*How long does post-partum depression usually last? ([?]P/S)*

*v.*

*When is this post-partum depression ever going to end?(?Reassure)*

*Does this type of break heal quickly? ([?]Med)*

*v.*

*Will my leg ever be the same again? (?Reassure)*

*What could be causing these headaches? (?Med)*

*v.*

*Do you think it's something serious causing them? (?Reassure)*

*What should I do? (?Thera)*

*v.*

*Do you think this is the right thing to do? (?Reassure)*

*Dr: It's going to heal by itself. (Gives-Med)*

*Pt: Really? (?Reassure)*

*Dr: Yes. (R/O)*

*v.*

*Dr. This medicine is available over-the-counter. (Gives-Thera)*

*Pt. Really? (Checks)*

2. Includes demonstration of concern in question form, during exam or procedure, when the speaker is asking for reassurance that it is alright to continue:

*Examples:*

*Does this hurt too much?*

*Are you OK? (during procedure)*

**Shows Agreement or Understanding (Agree)**

1. Included in this category are signs of agreement or understanding:

*Examples:*

*I see.*

*Yes, that's right.*

*I know.*

*Okay.*

*Oh, really.*

2. Includes conceding a point, social amenities and apologies that do not indicate particular concerns for the other's feelings (see description of Concern/Worry statements for more expansive apologies):

*Examples:*

*You were right.*

*I'm sorry.*

*Pardon me.*

*Excuse me.*

3. Includes agreements phrased negatively:

*Examples:*

*Me neither.*

*Neither do I.*

*Dr: It's not a good idea to add salt. (C-L/S)*

*Pt: No, I know. (Agree)*

*Dr: Try not to take it with food. (C-Med/Thera)*

*Pt: No, I won't. (Agree)*

**Back-Channel Responses** **(BC)**

1. Indicators of sustained interest, attentive listening or encouragement emitted by the speaker when he or she does not hold the speaking floor.

*Examples:*

*Mmm-huh.*

*Yeah [I’m listening]…*

*Right [go on…]...*

These responses are differentiated from others in that they do not serve to "take the floor" from the other speaker. They are usually an almost inaudible "under-talk" that accompanies the patient's story or monologue, encouraging the speaker to continue talking or signifying the listener's continued interest in what the patient is saying.

(Note: If multiple back-channels occur during a single thought, the coder may need to “catch up” by entering multiple, sequential back-channel codes--or back-channel and agreement codes if there is a change in floor--at the end of the speaker’s utterance.)

Back-channel responses should be thought of as a sub-set of the larger Agreement category. When in doubt, code as Agreement.

Note: When the speaker's "OK" or "Mm-huh" communicates "I've heard you," "I understand," or signifies receipt of an answer to a question and when the "OK" or "Mm-huh" is followed by a question or statement that serves to "take the floor" (even after a pause during which the patient had the opportunity to continue to talk)--the "OK" is coded as an Agreement. When an "OK" serves to mark the conclusion of discussion of one topic and movement to another topic, the "OK" would be coded a Transition. Similarly, "Yeah" may communicate information (and be coded Gives Information), or it may serve to confirm the other's understanding (e.g., after a Checks) and be coded an Agreement.

**Transition Words (Trans)**

1. Sentence fragments that indicate movement to another topic or area of discussion, train of thought or action. Includes statements or fragments that are place-holders, if the utterance stands alone and is separated from other utterances by a pause of one second or more:

*Examples:*

*Ah...wait a minute now...*

*Oh well...*

*Now...*

*Let’s...*

*Let's see.*

*All right... (as Dr. re-enters room)*

*Let's see...(1 sec)... you've been getting dizzy and have headaches...(1 sec)... uh...(1 sec)...any cold symptoms? (Trans; Gives Med; Trans; ?Med)*

2. If the pause between a transition and a more substantial utterance is less than one second, the transition is superseded by the second utterance (this rule pertains only to transitions):

*Examples:*

*Um, I guess I've had this cold for a week. (Gives-Med)*

*Ah, let me see, oh, you smoke? ([?] L/S)*

*Okay, get up on the table, please. (Orient)*

*v.*

*Good...get up on the table, please. (Approve; Orient)*

**Gives Orientation, Instructions (Orient)**

1. Orientation statements tell the other person what is about to happen, what is expected during the interview or exam, or serve to orient the other to the major topics of discussion or the physical flow of the visit. The purpose of these statements is to guide the other person (usually the patient) in terms of what to expect during the visit. This is basically a narrow category of statements that serves to direct the other's behavior and facilitate the process of the visit. In other words, Orientation statements are mechanisms that help the other to cooperate, thus moving the visit on.

*Examples:*

*Let’s talk...*

*Let’s talk about...*

*Doctor, I’d like to ask you a question.*

*Now I'm going to take your blood pressure.*

*I'll be right back with the shot.*

*Let's check that cold first.*

*I'd like to examine your breasts now.*

*First we'll do the exam, and then we'll talk.*

2. Instruction statements include those directive statements or instructions relating to the exam or clinic visit, including those phrased in the imperative form. These statements are often used to facilitate progress through the visit. Includes statements relating to procedural or administrative aspects of the visit:

*Examples:*

*Would you get up on the examining table, please.*

*Look straight ahead.*

*Say “Ah"…*

*You can take this form to the receptionist down the hall.*

*Okay, you can put your shirt back on.*

*Now step down off the scale.*

*I need you to cover your left eye.*

*Just put the gown on the floor.*

3. When in doubt about the informative quality of an utterance, a more substantial category takes priority:

*Examples:*

*I usually give my older patients a flu shot. (Gives-Thera)*

*All you're going to feel is a little stick. (R/O)*

*Ask the nurse to schedule the EKG for next week. (C-Med/Thera)*

*See Mary about your insurance paperwork. (C-L/S-P/S)*

**Paraphrase/Checks for understanding, accuracy, confirmation, clarification (Checks)**

1. Mechanisms by which the speaker re-states or reflects back information he or she has just been told by the other for the purpose of checking for accuracy of information, or for confirming a shared understanding of the facts or issues being discussed. These re-statements may be in either question or statement form, but the function of the speaker's utterance is to clarify, or ask for clarification of, the other's communication (i.e., in essence asking, "Do I understand what you are saying?" "Do I have it right?" or "Am I on the right track?").

*Examples:*

*Pt. It has a high deductible. (Gives-L/S)*

*Dr. It does? (Checks)*

*Pt. It is very high. (Gives-L/S)*

2. Includes paraphrases or repetitions of the other's communication in either declarative or interrogative form:

*Examples:*

*Pt. I have a pain in my chest. (Gives-Med)*

*Dr. So you have a pain in your chest. (Checks)*

*Pt. I don't feel so well. (Gives-Med)*

*Dr. You say you don't feel well? (Checks)*

*Dr. How long have they been itching? ([?]Med)*

*Pt. Just since Sunday. (Gives-Med)*

*Dr. Oh, since Sunday. (Checks)*

3. Includes re-statements that label a contextual fact the other has expressed but did not explicitly label, feeds back the essence of a verbal message, or finishes the other’s statement to confirm a shared understanding:

*Examples:*

*Dr. And when did you get your eyes checked? ([?]Med)*

*Pt. A week ago from this Monday. (Gives-Med)*

*Dr. So almost two weeks from today. (Checks)*

*Pt. So it’s been... (Gives-Med)*

*Dr. Almost 2 weeks. (Checks)*

*Dr. I want you to take these pills…(C-Med/Thera)*

*Pt. …everyday. (Checks)*

This use of a check (to finish another’s statement) may allow the other party to correct the understanding, or disagree.

*Example:*

*Dr. I want you to take these pills…(C-Med/Thera)*

*Pt. …everyday. (Checks)*

*Dr. Actually, I think one every other day is enough. (Disagree)*

4. Includes re-statements of information given by the other person earlier in the visit, when there is reference to the earlier statement:

*Example:*

*Dr. You said a bit earlier that you've been having trouble sleeping.*

5. Includes statements made during chart review that are a clear review of common knowledge. In these situations, the review is of obviously shared information and does not include any new

information. If in doubt, the statement should be coded in the appropriate Gives Information category.

*Examples:*

*Dr. I see from the chart that your father died of a heart attack. (Checks)*

*Dr. (reviewing chart): You're married with two children. (Checks)*

6. A dictation at the end of a visit is not considered a Checks, even if the patient has heard most of the information during the visit. In this case, it is considered a reinforcement of what already has been said, and is coded in the appropriate Gives Information category.

**Asks for Understanding (?Understand)**

1. Mechanism by which the doctor or patient quickly checks with the other to see if information that was just said has been followed or understood (i.e., in essence asking, "Do you understand what I'm saying?"). Includes asking for agreement:

*Examples:*

*Do you follow?*

*Do you understand?*

*Can you repeat what I just told you?*

*Do you have it right?*

*Do you remember what I said?*

*O.K.?*

*Are you with me?*

*Alright?*

*Are you clear on this?*

*Let's see the other foot, O.K.? (Orient; ?Understand)*

*These don't look like typical staph sores... if you know what I mean.(Gives-Med; ?Understand)*

**Bid for Repetition (?Bid)**

1. Mechanism for requesting repetition of the other's previous statement. Bids are used when words or statements have not been clearly heard, and therefore need repetition, and are often signs of perceptual difficulties. They follow right after or shortly after the statement needing repetition.

*Examples:*

*What did you say?*

*Say it again.*

*I didn't understand what you said.*

*I didn't quite get that last part.*

*Huh?*

*Beg pardon?*

*Excuse me?*

**Asks for Opinion (Physician category) (?Opinion)**

1. Questions that ask for the patient's opinion, point of view or perspective relating to diagnosis, treatment, etiology, prevention or prognosis. Includes questions that invite the patient's judgment, or ask for the patient's preferences or choice when presented with options (what the patient wants or would like), expectations, or survey of the problem.

*Examples:*

*What do you think it is?*

*What do you think could have caused this?*

*What do you think this means?*

*What do you think would help?*

*What do you think will happen?*

*Do you think that was useful?*

*How do you think you'll manage?*

*Do you have any ideas about how you got this?*

*What do you expect today?*

*Would you like to go to the clinic?*

*Would you be interested in that trial?*

*Do you want to talk to a psychologist or come back next week and talk to me?*

*Does that seem reasonable?*

2. Includes these very broad probes for information or questions:

*Examples:*

*Any questions?*

*Anything else?*

*What's going on?*

*How you been doing?*

**Asks for Permission (Physician category) (?Permission)**

1. Questions that specifically ask for permission to give information or to proceed:

*Examples:*

*May I tell you what I think is happening?*

*May I examine your breasts now?*

*May I listen to your chest?*

*Would it be OK if I made a suggestion?*

**Summary of category definitions:**

The following definitions apply across the content areas of **Medical Condition, Therapeutic Regimen, Lifestyle, Psychosocial** and **Other information:**

**Gives Information Statements**

Statements that do not explicitly direct the other's behavior. These statements are characterized by content presented in a neutral manner and/or information regarding actions to be initiated by the speaker or others (e.g., clinic or hospital personnel).

**Asks Questions (Closed-ended)**

Direct questions that ask for specific information, i.e., where short responses are generally the only response options. An answer of one or two words or a "yes" or "no" is usually sufficient.

Rhetorical questions are coded as closed-ended, within the appropriate content area.

*Examples:*

*How much medicine should you take? You should be taking it twice a day.*

*Do you know what he said? He said that you’re still smoking.*

**Asks Questions (Open-ended)**

Open-ended questions are often distinguished from closed-ended questions by their non-specificity and/or probing intent. They often begin with "what, why, could or how" and request an answer of perception, information, or feelings. Included in this category are requests for examples, details, clarification or more information (i.e., “invitations to talk”). Questions may be “opened” by the inclusion of “any” or “anything” as these terms signal a broadening of the scope of responses.

**Note:** During coding, the Patient’s questions are categorized by topic, but not further distinguished

as Open vs. Closed-Ended. Therefore, all of the Patient’s questions, by topic, are entered at either the “open” or “closed-ended” coding buttons (whichever set of buttons is activated for this purpose). In the final dataset, the Patient’s variables are re-named to: All Questions-Medical, All Questions-Therapeutic Regimen, All Questions-Lifestyle, All Questions-Psychosocial, and All Questions-Other.

**Medical Condition**

**Gives Information-Medical Condition (Gives-Med):** Statements of fact or opinion relating to the medical condition, symptoms, diagnosis, prognosis, past tests and test results, medical background (including history of immunizations or cortisone shots, chemotherapy or radiation treatments in the past), personal and family medical histories, practices and allergies. Includes basic identifying information or vital statistics (e.g., spelling of full name) as part of the medical record.

*Examples:*

*I did have a chest x-ray about 3 months ago.*

*My grandfather died of heart disease.*

*Your blood pressure is 100 over 70.*

*I used to get cortisone shots in the knee.*

*I think that the rash will clear up in about a week.*

*I was in the hospital in 1985 with ulcers.*

*It sounds like you're having migraine headaches.*

*I've been waking up at 2:00 A.M. every night with the pain.*

*It doesn't seem to matter what I eat. I still get the pain. (2 utterances)*

*You've gained 5 pounds.*

*I got a flu shot last year.*

Note: A "yes" or "no" answer that imparts information in response to a question is not to be confused with an agreement or disagreement:

*Examples:*

*Dr. Have you had reflux? ([?]Med)*

*Pt. Yes [I have]. (Gives-Med)*

*v.*

*Dr. So, you say you've had some reflux. (Checks)*

*Pt. Yes [that's right]. (Agree)*

*Dr. Have you tried to quit smoking? ([?]L/S)*

*Pt. No [I haven't]. (Gives L/S)*

*v.*

*Dr. So, I understand you’ve tried to quit before. (Checks)*

*Pt. No [that's not right]. (Disagree)*

**Medical Condition**

**Asks Closed-ended Questions-Medical Condition ([?]Med)**

Includes questions about medical and family histories, previous treatments, symptoms, physical condition (e.g., the pain or disability), practices related to the medical condition, and allergies (except allergies to drugs):

*Examples:*

*Have you been having trouble sleeping at night since these chest pains started?*

*Do you get pains in your arms or in your legs?*

*Did they do a blood test last time you were here?*

*When will the fracture be healed?*

*Who had breast cancer in your family?*

*When did you get your last blood work done?*

*Where is the tumor?*

*Have you had a fever?*

*What was your fever?*

*Your appetite’s good?*

**Medical Condition**

**Asks Open-ended Questions-Medical Condition (?Med)**

*Examples:*

*How is your appetite?*

*What causes the itching?*

*Why do I get these stomach pains?*

*Tell me what your problem is. (open-ended request)*

*What were the results?*

*What illnesses run in your family?*

*What did the other doctor say?*

Although some question formats may allow either a "yes" or "no" answer, the intent is judged as probing by the presence of the “any”, “anything” or unspecified “or...” and are coded as open questions: In the examples below, the doctor is asking for more information and desires the patient to initiate a description of symptoms or other problems, if present. In other words, if the patient answers "yes" to the question, it is likely and expected that he or she would also go on to give additional information. (If the doctor had asked the patient about the presence of a specific symptom, however, the question would likely be coded closed-ended.)

*Examples:*

*Have you been having any other symptoms at all?*

*Are there any other pains in addition to the chest pains?*

*Do you have any other symptoms?*

*Are there any illnesses that run in your family?*

*The throat culture...did it show anything?*

*Any problem with a cough?*

*Have you had any chest pain at all or...?*

*Do you have any problems with headaches or dizziness?*

In the following example, the doctor's intent is probing as evidenced by the "anything like that" and the question would be coded as open-ended. If the question had concluded with "shortness of breath" it would have been specific and closed-ended.

*Do you get sweaty or shortness of breath or anything like that?*

In some cases, an inflection indicates that the doctor is requesting more information from the patient, and therefore the utterance is coded an open-ended question:

*From what I understand from your chart, you've been doing fairly well since then...?*

When the interpretation of a question as either closed or open-ended is difficult in spite of the rules listed above, pauses or opportunities for the other to answer the question may be instructive. For example, if a doctor questions a patient with the following series of questions without pauses, it would be coded as one closed-ended question:

*How does the pain change, I mean, does it move from the right to the left side of your head, or does it move from left to right?*

In this case, although the first question's format is open-ended, the doctor's qualifier quickly establishes that the information requested specifically relates to the pain's movement from one side of the head to the other. If the series of questions had been delivered with the following pause, the interpretation would be different:

*How does the pain change?..(pause)...Does it move from the right to the left side of your head?...(pause)...Or does it move from left to right? (?Med; [?]Med; [?]Med)*

In this case, the doctor's pause after the initial question allows the patient to respond with any information relating to how the pain changes; thus, the intent of the question would be judged as probing and open-ended. It is only after the patient has hesitated to answer the first question that the doctor follows with two more specific closed-ended questions.

**Therapeutic Regimen**

**Gives Information-Therapeutic Regimen (Gives-Thera)**

Statements of fact or opinion regarding the ongoing or future (beginning with this visit) treatment plan, such as information relating to medications used or drug regimen, drug allergies, specific treatments or tests to be performed, imminent hospitalizations, future medical appointments or doctor-patient contacts. In addition, this category includes information about drugs or medications taken or prescribed in the past. (Note: See Gives-Psychosocial for rules about psychoactive drug talk.)

*Examples:*

*This medication is a diuretic which will help your condition.*

*I think that I'll give you a shot of penicillin today in order to knock out the infection.*

*We'll get a pregnancy test done so that we'll know.*

*I'll call you next week with the test results.*

*You probably will be confined to bed for two weeks after the surgery.*

*I take the blood pressure pills 3 times a day.*

*While you're in the hospital, we'll get a stress test done.*

*I still see the physical therapist twice a month. (a doctor-prescribed treatment)*

*I'm going to make an appointment for you in 2 months.*

*I haven't needed to take any nitros for almost a month.*

*I can't remember how I reacted to the drug. I think I broke out in hives. (2 utterances)*

*The glucose test is done when you're fasting.*

*I'll [the doctor] be out of town all next week.*

*Antihistamines make me drowsy.*

*Dr. What are we doing this morning? (? Thera)*

*Pt. I just need a basic check-up. (Gives-Thera)*

It does not, however, include information about past hospitalizations, tests performed, or other past therapeutic regimens. That information would be included in the Gives-Med category.

*Example:*

*Dr. I want you to get blood work done. (Gives-Thera)*

*vs.*

*Pt. I had blood work done last week. (Gives-Med)*

**Therapeutic Regimen**

**Asks Closed-ended Questions-Therapeutic Regimen ([?]Thera)**

Includes questions relating to past, ongoing and future drug regimens, or ongoing or future treatment practices.

*Examples:*

*How often do you take your blood pressure medicine?*

*How often should I take these pills?*

*Which pill should I take for the pain at night?*

*When was the last time you took a nitro?*

*Do you need a prescription for that?*

*Are you allergic to penicillin?*

*When did you stop taking the Valium?*

*Did you want to check my cholesterol?*

*How much insulin are you taking?*

*What were you prescribed for your headaches?*

*Examples:*

*Are you seeing the physical therapist regularly? ([?]Thera)*

*v.*

*After the accident, did you see a physical therapist?*

*([?]Med)*

**Therapeutic Regimen**

**Asks Open-ended Questions-Therapeutic Regimen (?Thera)**

*Examples:*

*How are you doing with the pain medication?*

*What problems are you having remembering to take your pills?*

*Why can't I keep taking the blue pills?*

*What kind of high-fiber diet did they put you on? (refers to ongoing diet controls, after hospitalization)*

*Why did you go off the tetracycline?*

*What kinds of side-effects will this medication have?*

*Tell me how you reacted to the aspirin.*

*What do I need to do for the glucose test?*

*Are you on any medications?*

*Are you taking any medications?*

*What medications are you on?*

*Have you used any meds that have helped?*

*Are you having any side effects with that medicine?*

**Lifestyle Information**

**Gives Information- Lifestyle (Gives-L/S)**

Statements of fact or opinion relating to lifestyle (smoking, diet, sleep, alcohol and exercise habits), family and home situations, work or employment, health habits and self-care issues. Includes information regarding daily routine as it relates to the general medical condition and health regimen, and information about medical coverage and costs (e.g., Medicare, prescription plan benefits, availability and cost of medications, treatments and tests). Includes information about past, present and future plans in the above areas. These statements are generally straightforward, matter-of-fact in content and delivery, and affectively neutral (note the exclusion of psychosocial concerns). This category also includes talk about the medical problems and therapeutic plans of other people (e.g., of family members or neighbors, unrelated to the patient’s medical condition).

*Examples:*

*I've been working out in the yard most days.*

*I'm not smoking nearly as much as I used to.*

*I drink about 2 or 3 cups of coffee a day, but I'm trying to cut down. (2 utterances)*

*My brother-in-law has had a variety of medical problems.*

*I always buy the generic because it's cheaper.*

*The test will probably run around $80.*

*I used to live with my sister and her son. Now I'm living with my mother...but I'm looking for my own place closer to work. (3 utterances)*

**Lifestyle Information**

**Asks Closed-ended Questions-Lifestyle ([?]L/S)**

Includes questions relating to lifestyle (smoking, diet, sleep, alcohol and exercise habits), family and home situations, work or employment, prevention and self-care issues. These questions are distinguished from conversation coded as Personal in that the questioning is more than purely social or of friendly interest (i.e., may be for the purpose of developing an understanding of the other's lifestyle as it pertains to his/her state of health). Also includes questions about health insurance coverage (e.g., Medicare, prescription plan benefits, reimbursement issues, prior approval for tests) and other cost issues:

*Examples:*

*Who's living at home with you now?*

*Do you always work the night shift?*

*How much are you smoking a day?*

*Do you drink alcohol?*

*How far should I walk each day?*

*How much coffee is it alright to drink?*

*Is your husband going to AA?*

*Which diet do you recommend?*

*Do you use a contraceptive?*

*Are you planning to breast feed?*

*Should I be taking vitamins?*

*Do you do a monthly breast self-exam?*

*Do you regularly use sunscreen?*

*Do you always wear a seat belt?*

*Do you have a smoke detector with a good battery?*

*Will this test be covered by insurance?*

*Do you have a prescription plan?*

*What church do you go to?*

*Your occupation?*

**Lifestyle Information**

**Asks Open-ended Questions-Lifestyle (?L/S)**

*Examples:*

*How are you doing on your diet?*

*Why did you start smoking again?*

*How do you spend your days?*

*How did you stop smoking?*

*Why did you change jobs?*

*Why should I cut down on coffee?*

*Tell me about your sister-in-law’s illness.*

**Psychosocial Information**

**Gives Information-Psychosocial (Gives-P/S)**

Includes statements that relate to psychosocial concerns or problems, including stress, feelings, emotions, general state of mind, philosophical outlook, values and beliefs. These statements may refer to lifestyle, medical and/or therapeutic information, but are distinguished from the other Gives Information categories by their psychosocial or affective dimension. They are, however, less immediate, intimate or intense than the Reassures/Optimism, Concern, Approves (direct) or Disagrees (direct) categories. This content area includes talk about depression, including clinical depression, as well as discussion of alcoholism, drug abuse and ADD (Attention Deficit Disorder). Statements about the use of psychoactive drugs are coded here when the discussion relates to the effects of these drugs. (Note: If psychoactive drug talk is strictly about dosage or schedule, code as Gives-Therapeutic.)

(Note: In certain studies, all psychosocial information utterances made by the doctor are coded within the Counsels-Lifestyle/Psychosocial category.)

*Examples:*

*My daughter and I used to have wonderful times together.*

*I get very nervous if I don't work out everyday.*

*Drug abuse is symptomatic of a deeper emotional problem.*

*My first husband was terrible to me.*

*Coffee just makes me anxious and irritable.*

*Physically I felt like I was having an anxiety attack.*

*Every marriage has its ups and downs.*

*I guess most people believe in some kind of an afterlife.*

*When I'm out with my friends--that's when I feel like I need a smoke.*

*My family is real supportive.*

*I'm sending out my resume. I hope I'll find a job. (Gives L/S; Gives P/S)*

*Whenever I take an airplane I get real nervous.*

*It seems like things are getting better with you and your son.*

*Pt. I've been taking Prozac since November. (Gives-Thera)*

*Dr. How much? ([?]Thera)*

*Pt. One a day. (Gives-Thera)*

*Dr. How has that affected your mood? (?P/S)*

*Pt. Oh, I think it's helped me keep myself together. (Gives-P/S)*

**Psychosocial Information**

**Asks Closed-ended Questions-Psychosocial ([?]P/S)**

Questions pertaining to the psychological or emotional state or things directly related to this state. Includes questions about emotions, worries, concerns or such feelings as stress or personal likes or dislikes.

*Examples:*

*Are you anxious about this?*

*Have you been crying?*

*Is stress causing my chest pain?*

*Does that make you angry?*

*Do you feel as if you're to blame for this?*

*Are you afraid of the plane flight?*

*Can you cope with it?*

*Do you believe in God?*

*Have you tried to see a social worker?*

*Who do you enjoy spending time with?*

**Psychosocial Information**

**Asks Open-ended Questions-Psychosocial (?P/S)**

Includes any open-ended question with an unclear purpose that allows for psychosocial discussion, regardless of context. These types of questions may be thought of as invitations to talk.

*Examples:*

*How have you been feeling about your husband's drinking?*

*Why don't you like your job?*

*How can I stop worrying about my son?*

*What would happen if you moved into your own place?*

*Any cause for increased stress?*

*What kinds of dreams have you been having?*

*What bothers you the most?*

*How are you dealing with it?*

*What do you mean by 'lousy'?*

*How do you cope with the pain?*

*How you feeling?*

**Other Information**

**Gives Information-Other (Gives-Other)**

Statements of fact or opinion about clinic paperwork, exam or study procedures (i.e., statements that do not fall into one of the above sub-categories). This category also includes any neutral statements about the study itself (affective statements are coded appropriately).

*Examples:*

*Today's date is the 14th. (to patient who is signing and dating a clinic form)*

*Ah. (in response to doctor's request during exam)*

*We'll be tape recording today only.*

**Other Information**

**Asks Closed-ended Questions-Other ([?]Other)**

Includes questions related to such things as clinic paperwork, exam or study procedures (i.e., questions that, although related in some way to the clinic visit, do not fall into one of the above sub-categories):

*Examples:*

*Where is the gown?*

*Should I sit here?*

*Did you give me your green card?*

*Should I take off my shirt?*

*Did you agree to participate in the study?*

**Other Information**

**Asks Open-ended Questions-Other (?Other)**

*What should I do with this?*

*Why are they tape recording this visit?*

*How do I put this on?*

**Counsels or Directs Behavior (Physician category)**

Statements that suggest or imply some resolution or action to be taken by the other person (usually the patient). These statements are characterized by the intent to persuade, influence, direct or change the other's behavior. Included are imperative statements that explicitly direct behavior.

These statements are sub-categorized as follows:

**Medical condition/Therapeutic regimen (C-Med/Thera):**

Includes statements regarding the medical problem, drug regimen, future appointments, and tests.

*Examples:*

*I'd like you to take this medicine to help reduce your fluid retention.*

*Call me if you aren't feeling better by next week.*

*Take your medicines 3 times a day.*

*Come back in two weeks.*

*You can put moist heat on that.*

Includes extended directions, i.e., explanations of how to carry out instructions:

*Examples:*

*I want you to take E-Mycin three times a day for 10 days. You can get it at the pharmacy across the street. They'll tell you in the lobby where to go. (3 utterances)*

*Call me if anything happens. If I'm not here, leave a message with the answering service at this number. If it's an emergency, they'll beep me. (3 utterances)*

**Counsels or Directs Behavior (Physician category)**

**Lifestyle and Psychosocial (C-L/S-P/S):**

Includes statements relating to lifestyle, family, activities of daily living, work and employment, general health promotion and prevention, and psychosocial issues, including emotional problems and concerns. These statements suggest actions or changes in behavior that involve the patient’s volition or control of habits.

Includes directive statements regarding smoking, diet, exercise, alcohol, weight control or non-prescription drugs.

*Examples:*

*You really need to get out and meet more people. Get involved in some volunteer activity that you'd enjoy. (2 utterances)*

*You might want to try deep breathing exercises when you're especially tense. I know that these techniques can be very helpful to people in managing stress. (2 utterances)*

*Do this breast exam at least once a month.*

*You’ll simply need to eat less to lose weight.*

*It's important to watch the alcohol when you're depressed*

*Smoking is going to kill you. (Concern) You've got to stop. (This subsequent statement suggests the action to be taken by the patient, and would be coded Counsels-L/S-P/S.)*

Includes statements characterized by persuasion. Persuasive statements may offer an example of another person's experience as a model of behavior or a motivating influence (as distinguished from the physician's own personal experience, which would be coded Self-Disclosure):

*Examples:*

*Smoking does make your heart work harder because it doesn't get as much oxygen.*

*People often find that going “cold turkey” is the best way to stop. (C-L/S-P/S)*

*v.*

*I found that going “cold turkey” was the best way to stop. (Self-Dis)*

**Requests for Services or Medication (Patient category) (?Service)**

1. Patient-initiated requests for services, credentialing or legitimation, treatment, test, or referral. This is a direct appeal to the physician's authority.

*Examples:*

*Can you recommend a dermatologist?*

*Can we check my cholesterol as well?*

*Would you mind signing this for work?*

*Can I have one more week off?*

*I need a referral.*

2. Patient-initiated requests for medication:

*Examples:*

*Can you give me another prescription for the heart pills?*

*I wonder if I could get more of these pills for my headaches.*

*Can you give me a prescription for diet pills? (?Service)*

*v.*

*Which diet plan do you recommend? ([?] L/S)*

**Global Affect Ratings**

In addition to utterance by utterance categorization, coders are asked to rate the affect or the emotional context of the dialogue. We do not ask coders to directly link these ratings to particular events or utterances, but to assign ratings based on their overall affective impressions of the speakers. Our own research has indicated that global affect ratings are more directly related to vocal qualities than they are to the literal content of the dialogue.

Ratings are assigned for both the doctor and patient (or multiple doctor and patient speakers) on Likert scales from low to high (scale of 1-6):

Anger/Irritation

Anxiety/Nervousness

Depression/Sadness (in most studies, assigned for the patient only)

Emotional Distress/Upset (in most studies, assigned for the patient only)

For the four ratings above, a "1" is assigned when there are no signs of the affect.

Dominance/Assertiveness

Interest/Attentiveness

Friendliness/Warmth

Responsiveness/Engagement

Sympathetic/Empathetic

Respectfulness

Hurried/Rushed

Interactivity

For these eight dimensions, a rating of "3" or "4" is considered "average" affect. This allows the coder to assign lower or higher ratings to reflect levels of low or high affect. For example, a "1" might be assigned when a speaker is markedly non-assertive; a "6" when the speaker seems especially dominant.

**Adaptations of the RIAS Coding Scheme**

Adaptations are made, to some extent, to the RIAS coding scheme for almost all studies. For example, the separate categories of Legitimizes and Empathy (usually low frequency categories) are often collapsed into one Legitimizes/Empathy category when it is not necessary to distinguish these two kinds of socioemotional talk. In other situations, a single RIAS category may be broken into sub-categories to better reflect the talk that is characteristic of certain types of medical encounters.

A common example: Routine pediatric visits may include "anticipatory guidance" talk (i.e., questions, information or counseling relating to normal growth and development issues). Therefore, the RIAS-adapted scheme includes sub-categories of talk (for open and closed questions, information-giving, and counseling) in either of two anticipatory guidance (AG) areas: 1) AG/Developmental, and 2) AG/Social. The AG/Developmental sub-category includes talk relating to routine and problematic issues in the areas of language, cognitive, motor, and self-help development; the AG/Social sub-category includes talk relating to routine and problematic issues in the areas of social development (including parenting, peer relations, and adolescent issues).

Furthermore, in pediatric visits, a parent usually accompanies the child (patient) and engages in the bulk of the talk with the physician. As a result, RIAS coding likely includes at least two sets of speaker combinations: the physician-parent and the physician-child. Because of the nature of this medical exchange (i.e., the parent represents the child, asking questions or giving information about the child's condition, not the parent's), RIAS definitions are adapted to accommodate these variations in the roles of the speakers.

There are numerous adaptations of the RIAS scheme in such areas as pediatric medicine, depression studies, and veterinary medicine, as well as for the appropriate translation of the RIAS across cultures and to non-English speakers.

**Elaboration of Topics of Interest**

Typically, each study is designed to investigate a particular topic of interest. The RIAS Coder can be configured to allow for elaboration of these topics (e.g., to note whether or not particular questions are asked, specific information given, or to assign ratings for certain behaviors). For example, information given to the patient regarding his or her diagnosis or therapeutic regimen may be of interest. In this case, coding would involve a summary of this specific information (i.e., diagnosis or drug name, description, purpose, dose and schedule). Other topics of interest have included the content of patient questions, or the presence or absence of particular kinds of counseling (e.g., diet, smoking, exercise or stress counseling). Since this notation is brief, a well-defined area of interest may be reliably abstracted (and marked by time stamp) without having to undertake the laborious process of transcript preparation. In other cases, elaboration will include qualitative assessments of dialogue, including verbatim excerpts of dialogue that are transcribed for later analysis.

Three studies illustrate this special interest elaboration.

The first study involved 70 pediatric residents practicing at a hospital-based, inner city pediatric continuity clinic. The purpose of the study was to compare physician interview style with detection of child and parent distress, discussion of psychosocial topics during well-child visits, and social work referrals for suspected maltreatment.

For this study, RIAS coding resulted in the analysis of verbal content of the primary care pediatric visits and a profile of physician interview style. Additional information about the structure and content of pediatric health maintenance visits was also of interest. For example, coders were asked to assign a global rating of the parent-child relationship, as well as assign global affect ratings relating to the parent to child and provider to child. In addition, instances of child distress or resistance, and the parent's response, were noted. Finally, coders maintained a log of each visit (generated simultaneously with RIAS coding) consisting of a listing of the problems which were discussed, who initiated the concern (parent or physician), the exact language used (verbatim notes), and a rating of the extent of discussion of these problems.

A second project involved analysis of audiotapes as part of an 8-site national inner-city study of childhood asthma. As part of this project, audiotapes were collected of emergency room encounters of children presenting with acute asthma attacks. Taping was initiated at the beginning of the visit (immediately after obtaining consent) and continued for the full emergency room visit, including exchanges between the patient (and accompanying family members) and all medical providers having contact with the child until he or she was either admitted to the hospital or discharged.

For this study, coding was organized based on the "episodes" of provider-patient exchange that occurred during each emergency room visit. (In the emergency room, it is common for a provider to initiate treatment and then leave the patient to attend to other tasks before returning to the patient to continue the exam or treatment. Therefore, an "episode" was defined as a period of provider-patient verbal exchange separated from another exchange by at least 5 minutes time.) Given the unique nature of emergency room visits, which frequently involve multiple medical providers interacting with the patient over a period of time, this coding scheme allowed for RIAS coding of verbal content to be linked to other information about these sequential "episodes" of interaction. On the "Episodes" sheet, the coder identified the providers involved during a specific episode by ID number and sex (e.g., Provider 1, Provider 2--or further identified as "Doctor 1" or "Nurse 2," if known), noted the tape counter numbers for the beginning and end of the episode (these were later converted into duration in minutes), indicated family members who were present, and categorized the purpose of the episode by noting the content (i.e., history-taking, exam, treatment, counseling/discharge). Instances of Spanish talk during an episode were of interest to this project, as were instances of provider-provider talk, and both were noted as they occurred. When Spanish talk occurred between episodes (e.g., talk between the parent and child, or parent and neighbors), these portions of the tapes were also noted. Finally, global affect ratings were obtained at the end of each episode for each provider to parent (or parents) and each provider to child.

A third study illustrates another coding modification designed to investigate verbal content occurring at the end of the medical visit (during the "closing segment"). This study involved 50 physicians and 500 patients in community-based primary care visits. For this project, coders were instructed to listen for a "closure statement" that marked the beginning of the "closing segment" of the visit. If such a statement occurred, coders indicated whether or not the patient brought up a new problem or concern during this termination period, whether the doctor asked the patient if he or she had other questions, and whether the doctor clarified the treatment plan. This elaboration occurred simultaneously with RIAS coding; therefore, the closing segment could be directly linked to: 1) the length of time into the visit at which it began (and duration of closure), and 2) the verbal content associated with this segment.

**Proficiency Checklists**

Some studies require coding to ascertain the degree of clinical proficiency demonstrated by the study's physicians. In order to measure proficiency, checklists may be developed based on gold-standard criteria set by experts in the field. For these studies, coders indicate that specific items are asked or that specific criteria are met during the visit (as evidenced by the tape recording). Once familiar with the items on the proficiency checklist, the coder can complete it simultaneously with RIAS coding.

For example, a proficiency checklist was developed for use as part of a study of physicians' communication skills and elicitation of patient psychosocial distress. As part of this project, each study physician was scheduled to see a simulated patient in his or her office for a 15-20 minute second opinion visit. The simulated patients had been trained to present a scripted case that included 97 different elements. The physician's proficiency in conducting the simulated patient visit was assessed using the 97 elements as a relative indicator. Each visit was tape recorded, and coders completed the proficiency checklist for each interview while using RIAS to categorize the verbal content. The checklist allowed for a comparison of the visits relating to the elicitation and discussion of specific psychosocial content, as well as adequacy of diagnosis, history-taking, and treatment.

Another type of proficiency checklist details critical communication skills for which the occurrence or non-occurrence of a particular skill is of interest, not the frequency of the skill.

**Sample Tape Summary Form**

TapeID Sex of provider\_\_\_\_\_\_\_\_\_\_\_\_

Date of Coding Sex of patient \_\_\_\_\_\_\_\_\_\_\_\_\_

Coder ID

1. Global Affect Ratings Provider Patient 3rd Party

Anger/Irritation 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Anxiety/Nervousness 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Depression/Sadness (Pt) --------- 1 2 3 4 5 6 1 2 3 4 5 6

Emotional Distress/Upset (Pt) --------- 1 2 3 4 5 6 1 2 3 4 5 6

Dominance/Assertiveness 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Interest/Attentiveness 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Friendliness/Warmth 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Responsiveness/Engagement 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Sympathetic/Empathetic 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Hurried/Rushed (Dr) 1 2 3 4 5 6 --------- --------

Respectfulness 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

Interactivity 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6

2. Note the following:

Provider leaves room

telephone

patient leaves room

nurse/staff interruption

2nd provider present

nurse/staff participates (e.g., with tests, etc)

family member participates

Specify: Extent (LO) 1 2 3 (HI)

Specify: Extent (LO) 1 2 3 (HI)

3. Overall tape quality:

good

fair (somewhat difficult to understand)

contains inaudible sections

poor (explain: )

4. Abrupt beginning? yes / no

Abrupt end? yes / no

Tape paused? yes / no (# of times: )

5. Total length of visit:

***Tape #1***

|  |  |
| --- | --- |
|  | ***Personal*** |
| D. | Hello. |
|  | ***Personal*** |
| P. | Hi. |
|  | ***Unintel*** (unintelligible remark) |
|  | ***Personal*** |
| D. | Hi, I'm Dr. --- . |
|  | ***Personal*** |
| P. | Dr. --- . |
|  | ***Personal Personal*** |
| D. | Yeah. / Nice to meet you. |
|  | ***Gives-Med*** |
| P. | I have had a sore throat, and... |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med*** |
| P. | Well...since Christmas... |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med Concern*** |
| P. | This has been going on. / And I really have a problem with swollen glands. |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med Gives-Thera*** |
| P. | I went to a Dr. --- last Monday. / And he put me on Eryc for five days. / And I |
|  | ***Gives-Med Gives-Med*** |
|  | still have the sore throat and the swollen glands. / And I called him Wednesday... |
|  |  |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Gives-Med*** |
| P. | And he hadn't gotten the results from these tests that he took... |
|  | ***BC*** |
| D. | Okay. |
|  | ***Gives-Med Crit*** |
| P. | Until this week, / so it was a whole week before he got these results back. |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med*** |
| P. | And he's the one that was mentioning that my glands were swollen under my arms and |
|  | ***Gives-Med*** |
|  | this./ So he said he was going to take a mono test. |
|  | ***BC*** |
| D. | Okay. |
|  | ***Gives-Med*** |
| P. | But he said they came out negative. / But I told him Wednesday that |
|  | ***Crit*** |
|  | I still wasn’t feeling well... |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Gives-Med*** ***Concern*** |
| P. | And he said you're just going to have to wait it out./ But it's just been so long that I |
|  | ***Crit*** |
|  | thought, / well, maybe I should just get a second opinion, you know. |
|  | ***Agree ? P/S*** |
| D. | Okay. / What concerns you the most...would you say? |
|  | ***Concern Concern*** |
| P. | Well...I have no appetite and I have swollen glands. /And that's what's bothering me |
|  | the most. |
|  | ***Agree ? P/S*** |
| D. | Okay. / And what would you hope that I could do, for you? |
|  | ***Concern*** |
| P. | Ah...just tell me what it is and how soon I can get rid of it. |
|  | ***Laughs*** (both laugh) |
|  | ***Agree Checks*** |
| D. | Okay. / So you want to know what's going on... |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***Checks*** |
| D. | And you want to get rid of it...as soon as possible. |
|  | ***Agree Gives-L/S Gives-Med*** |
| P. | As soon as possible. / Because you know I work and... / I've been having to take off. / |
|  | ***Concern***   ***Gives-Med*** |
|  | And it's just too much. / I took a whole week off of work last week too. / And I figured, |
|  | ***Concern Concern*** |
|  | well, with that I should be over this but... / It's like it's just as bad as it was before I. |
|  | went. |
|  | ***Agree Orient*** |
| D. | Okay. / So let me get this, let me get it straight. / Um...you started having a |
|  | ***Checks*** |
|  | sore throat at Christmastime. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***Agree ? Med*** |
| D. | Okay. / And did you have anything else going on? |
|  | ***Gives-Med Gives-Med*** |
| P. | Ah...diarrhea and vomiting I've had. / And this is on and off I've had this. |
|  |  |
|  | ***BC*** |
| D. | Okay. |
|  | ***Gives-Med Gives-Med*** |
| P. | Like one day I'll be doing really good / and the next day I'm not doing good at all and... |
|  | ***[?] Med*** |
| D. | Is that since Christmas? |
|  | ***Gives-Med*** |
| P. | This is since Christmas... |
|  | ***BC*** |
| D. | Okay. |
|  | ***Gives-Med*** |
| P. | That this has been going on. |
|  | ***? Med*** |
| D. | And do you have any pain with that, in the abdomen or...? |
|  | ***Gives-Med Gives-Med*** |
| P. | Well, with the diarrhea I do. / Because I have colitis. |
|  | ***BC*** |
| D. | Okay. |
|  | ***Concern*** |
| P. | So that has been acting, just kicking up terrible with this, so... |
|  | ***Agree Agree [?] Med*** |
| D. | Okay. / Alright. / Do you know what kind of colitis it...you know, it's called / |
|  | ***? Med*** |
|  | Or... or...? |
|  | ***Gives-Med*** |
| P. | I'm not sure./ But, ah...I will, I, first time I ever got it I was 16, was my first attack |
|  | ***Gives-Med*** |
|  | I ever had... |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med*** |
| P. | But I notice I've had it with my periods more than anything else. |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med*** |
| P. | That's the basic time when I get it really bad. |
|  | ***Agree Agree Checks*** |
| D. | Okay. / Alright. / So that's been acting up worse. |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***Checks*** |
| D. | So the diarrhea is sort of the same as the colitis... |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***Checks*** |
| D. | But worse. |
|  | ***Agree Agree*** |
| P. | But worse. / Yeah. |
|  | ***Agree [?] Med*** |
| D. | Okay. / And the sore throat's been constant since Christmas? |
|  | ***Gives-Med*** |
| P. | Constant. |
|  | ***Checks*** |
| D. | It hasn't gone away. |
|  | ***Agree*** |
| P. | It hasn't gone away. |
|  | ***Agree [?] Med*** |
| D. | Okay. / And when did you see Dr. --- again? |
|  | ***Gives-Med Gives-Med*** |
| P. | A week ago from this Monday./ The past Monday. |
|  | ***Agree Agree Checks*** |
| D. | Okay. / Alright. / So...almost two weeks from today. |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***[?] Med*** |
| D. | He did a throat culture? |
|  | ***Gives-Med*** |
| P. | He did a throat culture. |
|  | ***[?] Med*** |
| D. | Did he get blood tests then? |
|  | ***Gives-Med Gives-Med*** |
| P. | He took a blood test. / Yeah. |
|  | ***Agree [?] Thera*** |
| D. | Okay. / And he gave you an antibiotic? |
|  | ***Gives- Gives- Gives- Gives-***  ***Thera Thera Thera Thera*** |
| P. | Eryc. / Yeah./ E-R-Y-C. / And I was on that for five days. |
|  | ***BC*** |
| D. | Okay. |
|  | ***Gives-Thera*** |
| P. | Didn't help. |
|  | ***Checks Agree Checks*** |
| D. | Didn't help./ Alright. /And he got the throat culture. / Was the throat culture… |
|  | ***? Med*** |
|  | did it show anything? |
|  | ***Gives-Med*** |
| P. | He said they were both negative. |
|  | ***BC*** |
| D. | Okay. |
|  |  |
|  | ***Concern Concern*** |
| P. | So I'm wondering... / And I, you know, I wanted to get in for another appointment/ |
|  | ***Gives-Med Gives-Med*** |
|  | and he said it's nothing. / Just leave it alone. |
|  | ***BC*** |
| D. | Okay. |
|  | ***Trans*** |
| P. | So... |
|  | ***Agree Agree Checks [?]Med*** |
| D. | Hmm. /Alright./Besides the sore throat you have the swollen glands. /Do they hurt? |
|  | ***Gives-Med*** |
| P. | Yes, they hurt. |
|  | ***[?] Med*** |
| D. | Where do they hurt? |
|  | ***Gives-Med*** |
| P. | Right in here. |
|  | ***Checks*** |
| D. | And you can feel the swelling. |
|  | ***Agree Gives-Med Laughs*** |
| P. | Yeah. / I can see the swelling. (laughs) |
|  | ***Agree Agree ? Med*** |
| D. | Ah-huh./ Okay. / And anything else along with the sore throat? / Like do you have |
|  | ***[?] Med***  ***[?] Med [?] Med*** |
|  | fever... / chills... / sweating? |
|  | ***Gives-Med Gives-Med*** |
| P. | On and off. / But that's not a constant thing. |
|  | ***BC*** |
| D. | Okay. |
|  | ***Concern Laughs*** |
| P. | Just basically feel...lousy. (both laugh) |
|  | ***Checks ? Med*** |
| D. | Lousy. / Do you feel tired or...? |
|  | ***Gives-Med*** |
| P. | Oh, yeah, I've been more tired than I usually am. |
|  | ***Agree ? Med*** |
| D. | Okay. / Any problem with a cough? |
|  | ***Gives-Med Gives-Med*** |
| P. | Yeah, I have a cough. / Ah...I've had some, I get some phlegm up but not much. |
|  | ***Agree ? Med*** |
| D. | Okay./ Have you noticed the color or anything? |
|  | ***Gives-Med*** |
| P. | Brown. |
|  | ***Checks*** |
| D. | Brownish color. |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***Agree ? Med*** |
| D. | Okay. / Now, is this illness like anything you've had before? |
|  | ***Gives-Med*** ***Laughs*** |
| P. | No. / (laughs) |
|  | ***[?] Med*** |
| D. | Are you one to get colds frequently? |
|  | ***Gives-Med Gives-Med*** |
| P. | No. / Last year I didn't get a cold at all. |
|  | ***Agree [?] Med*** |
| D. | Okay. / And has anybody else...like has your husband had a cold recently? / |
|  | ***[?] Med*** |
|  | Anybody at work? |
|  | ***Gives-Med Gives-Med*** |
| P. | Ah...the woman I work for...had laryngitis./ She's 93. |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med*** |
| P. | Now she had a bad case of laryngitis around Christmas. / And then that cleared up |
|  | ***Gives-Med*** |
|  | and she's been fine. |
|  | ***Agree Trans Orient*** |
| D. | Okay. / Alright. / Let's take a look at you. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***? P/S*** |
| D. | Anything else been bothering you? |
|  | ***Gives-PS*** |
| P. | No, not that I can think of. |
|  | ***Trans Orient Orient*** |
| D. | Alright./ I'm going to start...feeling your neck/and then I'm going to look in your ears. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Orient ?Permission*** |
| D. | And your mouth, / OK? |
|  | ***Agree*** |
| P. | Alright. |
|  | *(break in taping)* |
|  | ***Trans ? Med*** |
| D. | Okay./ Tell me if it's tender anywhere. |
|  | ***Gives-Med*** |
| P. | There it is, just a little. |
|  | ***[?] Med*** |
| D. | Which side? |
|  | ***Gives-Med*** |
| P. | Left. |
|  | ***Gives-Med*** |
| D. | You do have some swollen...glands. |
|  | ***Gives-Med Gives-Med*** |
| P. | Now that, that hurts in there / and it does hurt on this side too. |
|  | ***[?] Med*** |
| D. | Is that tender at all? |
|  | ***Gives-Med Gives-Med*** |
| P. | A little. / Especially on the side for some reason. |
|  | ***Agree Orient*** |
| D. | Okay. / I'd like you to swallow. / Have you noticed if your throat |
|  | ***? Med*** |
|  | hurts more when you swallow or...? |
|  | ***Gives-Med*** |
| P. | No I haven't noticed. |
|  | ***Checks Agree [?] Med*** |
| D. | No. /Okay. / Do your ears hurt at all? |
|  | ***Gives-Med Laughs*** |
| P. | The left one. (both laugh) |
|  | ***Gives-Med Gives-Med*** |
| D. | It actually looks okay right now./ Doesn't look like it's infected. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Orient*** |
| D. | Say `Ah.' |
|  | ***Gives-Other*** |
| P. | Ah... |
|  |  |
|  | ***[?] Med*** |
| D. | Have you had your tonsils out? |
|  | ***Gives-Med*** |
| P. | Ah-hmm. |
|  | ***Agree Orient*** |
| D. | Yeah./ I'm going to take a culture also. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Orient***  ***[?] Thera*** |
| D. | Okay, I'm going to have you open your mouth real big./ Do you know what this feels |
|  | like? |
|  | ***Gives-Thera Concern*** |
| P. | Yes. / I'm not very good at this. |
|  | ***Orient Concern*** |
| D. | I'm going to go down to rub./ I'll let you rest a second./ To get a good |
|  | ***Gives-Thera*** |
|  | culture you really have to... |
|  | ***Unintel*** |
|  | (unintelligible comment) |
|  | ***Approve Self-Dis Laughs Trans*** |
| D. | Great. / I'm not too good at that either./ (both laugh) / Okay. / I think I will |
|  | ***Orient*** |
|  | feel under your arms too. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Orient ? Understand*** |
| D. | Ah...I'm going to close the curtain there though, / OK? |
|  | ***Agree*** |
| P. | Okay. |
|  |  |
|  | ***Trans*** |
| D. | For whatever... |
|  | ***Trans Gives-Other*** |
| D. | Okay./ It doesn't unbutton there. |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***? Med [?] Med*** |
| D. | Have you had any chest pain at all or.../shortness of breath? |
|  | ***Concern Concern*** |
| P. | It's...weird./ My chest feels funny. |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Gives-Med Gives-Med*** |
| P. | It doesn't feel like it hurts really / but I get so I can't really get enough breath in. |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Concern Laughs*** |
| P. | You know, but it's not...it's the strangest thing, you know... / (laughs) |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Concern*** |
| P. | It's hard to explain. |
|  | ***Agree ? Med ? Med*** |
| D. | Ah-hmm. / How about when you cough? / Any pain there at all? |
|  | ***Gives-Med*** |
| P. | Not really. |
|  | ***? Med*** |
| D. | How's your appetite been? |
|  | ***Concern Concern*** |
| P. | Terrible. / I haven't really been able to eat. |
|  | ***Agree [?] Med*** |
| D. | Ah-hmm./ Since when? |
|  | ***Gives-Med Gives-Med*** |
| P. | All this week, really./ Ah...Last night, the only thing I had yesterday was a bowl of |
|  | ***Concern Gives-Med*** |
|  | oatmeal./ That's all I could really stomach. /And the day before I didn't eat anything./ |
|  | ***Concern***  ***Laughs Concern Laughs*** |
|  | I really...it's strange / (laughs) /...I can't explain it./ (laughs) |
|  | ***? Med*** |
| D. | Have you lost any weight at all or...? |
|  | ***Gives-Med Gives-Med Gives-Med*** |
| P. | Oh yeah./ I feel as though I have./ I don't have a scale so I couldn't tell you for sure. |
|  | ***Agree ? Med [?] Med*** |
| D. | Okay. / How do your clothes fit?.../ Do they still fit okay? |
|  | ***Gives-Med*** |
| P. | Loose. |
| D. | ***Checks*** |
|  | They're a little bit loose? |
|  | ***Agree*** |
| P. | Loose. |
|  | ***Agree*** |
| D. | Okay./ And how long would you say the appetite problems have |
|  | ***[?] Med*** |
|  | been going on --just for a week? |
|  | ***Gives-Med*** |
| P. | About two weeks. |
|  | ***Checks*** |
| D. | Two weeks. |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***Agree Orient*** |
| D. | Alright. / I want you to open your mouth and breathe in and out. |
|  | ***Agree*** |
| P. | (patient coughs) I'm sorry. |
|  | ***Agree*** |
| D. | That's okay. |
|  | ***Trans Orient Orient Orient*** |
| D. | Okay. / Let's see in the front./ Deep breath./ Okay, now just breathe normal. |
|  | ***Orient*** |
| D. | I'm going to go under your arm. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Unintel*** |
|  | (unintelligible comments) |
|  | ***Concern*** |
| D. | That hurts a little bit. |
|  | ***Laughs R/O*** |
| P. | (laughs) That's alright. |
|  | ***Orient Approve*** |
| D. | There you go./ Good. |
|  | ***Unintel***  ***Laughs*** |
|  | (unintelligible comment about curtain--both laugh) |
|  | ***Trans Trans*** |
| D. | Okay./ Let's see here. |
|  | ***Trans Gives-Med*** |
| D. | Okay, ah.. /What I find on your exam is that you do have swollen glands on both |
|  | ***Gives-Med Gives-Med*** |
|  | sides. /Your throat is...is mildly red./ It doesn't look really inflamed... |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Gives-Med*** |
| D. | And it doesn't have any pus in it that, you know, would show an... |
|  | ***Agree Checks*** |
| P. | Yeah./ Like strep. |
|  | ***Gives-Med Agree Gives-Med*** |
| D. | Infection./ Yeah. /Ah...What your symptoms sound like, you know, just feeling tired/ |
|  | ***Gives-Med Gives-Med*** |
|  | ah...having the sore throat and the swollen glands, /you know it does sound more |
|  | ***Gives-Med*** ***Gives-Med*** |
|  | like a viral infection,/ and your colitis has flared up./ It sort of goes along with a viral |
|  | ***Gives-Med*** |
|  | infection./You know there could be other things that could cause it. / Ah… you know if |
|  | ***Gives-Med*** |
|  | your doctor did get a blood test, like blood cell count, / you know that would help... |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***Gives-Med***  ***Gives-Med*** |
| D. | Us figure out what else could be causing it. / But it really sounds...like... |
|  | ***Checks*** |
| P. | A viral infection. |
|  | ***Gives-Med*** |
| D. | Like a viral infection./ And a lot of times viral infections can just linger on like |
|  | ***Gives-Med*** |
|  | for two or three weeks./ I mean it has been...what, almost...Well it's been about |
|  | ***Gives-Med*** |
|  | three weeks now... |
|  | ***Checks Agree*** |
| P. | Three weeks./ Yeah. |
|  |  |
|  | ***R/O*** |
| D. | And that's not real uncommon really. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***R/O*** |
| D. | To linger on. |
| P. | ***Concern Concern*** |
|  | I just wanted to make sure./ You know, because it just seemed terrible funny / |
|  | ***Gives-Med*** |
|  | because I'm generally not sick at all, you know… |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Concern*** |
| P. | And...I just wondered that... |
|  | ***R/O Laughs R/O*** |
| D. | It's been going around./ (Both laugh) / And it's really not...not that uncommon |
|  | ***C-Med/Thera*** ***Gives-Thera*** |
|  | to have it drag on./ Now in terms of what you can do, ah... /We'll send a culture along. / |
|  | ***Gives-Thera Gives-Thera*** |
|  | See what it shows up. / I would probably prefer calling your doctor's office / |
|  | ***Gives-Thera*** |
|  | and seeing what the results of the blood tests were that he got. |
|  | ***Agree Gives-Med Gives-Med*** |
| P. | Okay. / They were negative./ He told me. |
|  | ***Agree Checks*** |
| D. | Okay./ The mono test. |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  |  |
|  | ***Agree [?] Med*** |
| D. | Okay./ Did he do your white blood cell count? |
|  | ***Gives-Med*** |
| P. | No. |
|  | ***Checks*** |
| D. | He didn't do that one? |
|  | ***Agree Gives-Med*** |
| P. | No. / He just took mono and the strep. |
|  | ***Agree Gives-Thera Gives-Thera*** |
| D. | Okay./ Let's go ahead and get that test./ The white blood cell count sort of shows, ah…/ |
|  | ***Gives-Thera*** |
|  | If there's an infection going on it'll help show it./ And sometimes it'll help |
|  | ***Gives-Thera*** |
|  | differentiate between virus and bacteria infections. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Gives-Thera*** |
| D. | Sometimes. |
| P. | ***Agree*** |
|  | Yeah. |
|  | ***Gives-Thera*** |
| D. | So we'll go ahead and get that test, the blood test./ And in terms of what you |
|  | ***C-Med/Thera*** |
|  | you can do... |
|  | ***Concern*** |
| P. | (patient sighs) |
| D. | ***C-Med/Thera Laughs*** |
|  | To feel better... (both laugh) |
|  | ***Gives-Med*** |
| D. | As you know, viruses...you know there's not any cure for viruses. |
|  | ***Agree*** |
| P. | Right. |
|  | ***C-Med/Thera*** |
| D. | And the best thing to do is the same thing you've heard.... / People tell you, you |
|  | ***C-Med/Thera*** |
|  | know, we tell people to do for ages and that's just rest.../ you know, take aspirin or |
|  | ***C-Med/Thera*** |
|  | Tylenol for your sore throat or for any aches and pains you have. |
| P. | ***Agree*** |
|  | Okay. |
| D. | ***C-Med/Thera*** |
|  | Drink lots of fluids... |
|  | ***Checks*** |
| P. | Lots of fluids... |
|  | ***Laughs*** |
|  | (both laugh) |
|  | ***R/O*** |
| D. | And it doesn't sound like anything serious is going on. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Gives-Med*** |
| D. | You know, your loss of appetite will go along with the virus too. /And since you |
|  | ***Gives-Med*** ***Gives-Thera*** |
|  | aren't eating you're going to lose weight./But let's get the white blood cell count... |
|  | ***Agree*** |
| P. | Alright. |
|  | ***Gives-Thera*** |
| D. | Just to make sure. |
|  | ***Checks Agree*** |
| P. | Just to make sure./ Okay. |
|  | ***? Understand*** |
| D. | Okay? |
|  | ***Agree R/O Gives-P/S*** |
| P. | Yeah. / I feel a lot better, just.../ I needed that second opinion just to, you know, / |
|  | ***Concern*** |
|  | because it seemed awful funny that the tests didn't come in for all that time and then../ |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Trans*** |
| P. | You know... |
|  | ***Concern*** |
| D. | And you continued to feel bad. |
| P. | ***Agree*** ***Concern*** |
|  | Yeah./ And it's like `Oh, no!' |
|  | ***Laughs*** |
|  | (both laugh) |
|  | ***Legit*** ***Trans*** ***[?] Thera*** |
| D. | I can't blame you./ Okay. / In terms of finding out what the results are now, from the |
|  | blood tests...? |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***[?] Thera*** |
| D. | Do you want us to have them sent to Dr...--- office? |
|  | ***Gives-Thera*** |
| P. | --- office. |
|  | ***Checks*** |
| D. | --- office? |
|  | ***Disagree*** |
| P. | No. |
|  |  |
|  | ***Gives-Thera*** |
| D. | Ah...we could send them to the doctor's office who's on call today, / which means the |
|  | ***Gives-Thera*** |
|  | doctor covers all the patients who are seen in the emergency room. / |
|  | ***C-Med/Thera*** |
|  | And you could call to find out... |
|  | ***Agree*** |
| P. | Okay. |
|  | ***C-Med/Thera*** |
| D. | What the results are. |
|  | ***R/O*** |
| P. | That would be best. |
|  | ***Agree*** ***C-Med/Thera*** ***C-Med/Thera*** ***C-Med/Thera*** |
| D. | Okay./ It's a group of doctors./ Dr. --- and Dr.---/ And I have their card here. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Agree*** ***C-Med/Thera*** |
| D. | Okay./ It has their telephone number on it./ And why don't you allow...ah... |
|  | ***C-Med/Thera*** |
|  | at least a day for the results. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Agree*** ***C-Med/Thera*** |
| D. | Okay./ Call tomorrow afternoon. |
| P. | ***Agree*** |
|  | Alright. |
|  | ***C-Med/Thera*** |
| D. | To their office or the next morning. |
|  | ***Agree*** |
| P. | Okay. |
| D. | ***? Understand*** |
|  | Okay? |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***Agree*** ***Concern*** |
| D. | Alright./ I hope you feel better. |
|  | ***Concern*** ***Laughs*** |
| P. | I hope so too. (both laugh) |
|  | ***Trans*** ***Trans*** ***Orient Orient*** |
| D. | Okay./ Let's see./ I think I'm supposed to write something down here.../ your |
|  | ***C-Med/Thera*** ***C-Med/Thera***  ***C-Med/Thera*** |
|  | instructions. / Rest.../ You can take one to two aspirins every four hours.../ sore |
|  | ***C-Med/Thera C-Med/Thera*** ***? Understand*** |
|  | throat…/ cough…/ the blood test results.../Okay? |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Orient*** |
| D. | You're supposed to sign right down there... |
|  | ***Agree*** |
| P. | Alright. |
|  | ***Orient*** ***Orient*** |
| D. | And I'll give you a copy of that./ And then we'll go out and get the blood work done |
|  | ***Agree*** |
| P. | Alright. |
|  | ***Agree*** |
| D. | Alright. |

***Tape #2***

|  |  |  |
| --- | --- | --- |
|  | | ***Personal*** |
| D. | | Mr. ---, how are you? |
|  | | ***Personal*** |
| D. | | I'm Dr. --- |
|  | | ***Concern*** |
| P. | | Oh, not so good, doctor. |
|  | | ***Orient*** ***? Opinion*** |
| D. | | Have a seat up there on the examining table.../ And, ah, tell me what your problem is. |
|  | | ***Gives-Med*** ***Gives-Med*** |
| P. | | I...I get...short of breath most everything I / ...well, most active thing...I do. |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-huh./ How long have you had this? |
|  | | ***Gives-Med*** |
| P. | | It's been going on about...gradually about 8 or 10 years. |
|  | | ***[?] Med*** |
| D. | | Is it getting worse now? |
|  | | ***Gives-Med*** |
| P. | | Yeah. |
|  | | ***[?] L/S*** |
| D. | | Do you work or are you retired? |
|  | | ***Gives-L/S*** |
| P. | | I'm retired. |
|  | | ***[?] L/S*** |
| D. | | How long have you been retired? |
|  | | ***Gives-L/S*** |
| P. | | Six years. |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-hmm./ Does this shortness of breath occur when you're resting or more when |
|  | | you exert yourself? |
|  | | ***Gives-Med*** |
| P. | | More with exertion. |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-huh./ Do you ever wake up at night short of breath? |
|  | | ***Gives-Med*** |
| P. | | No. |
|  | | ***[?] Med*** |
| D. | | Or wheeze at night? |
|  | | ***Gives-Med*** |
| P. | | Ah...unless I have a coughing spell. |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-hmm, ah-hmm./ Do your legs swell up at all? |
|  | | ***Gives-Med*** |
| P. | | No. |
|  | | ***[?] Med*** |
| D. | | Your ankles? |
|  | | ***Gives-Med*** |
| P. | | No. |
|  | | ***Agree*** ***[?] L/S*** |
| D. | | Ah-huh./ Do you smoke? |
|  | | ***Gives-L/S*** |
| P. | | Yeah. |
|  | | ***[?] L/S*** |
| D. | | How much do you smoke? |
|  | | ***Gives-L/S*** |
| P. | | Ah...I'm down to about a half a pack a day. |
|  | |  |
|  | | ***Agree*** ***[?] L/S*** |
| D. | | Ah-huh./ You had smoked heavier than this at one time? |
|  | | ***Gives-L/S*** |
| P. | | Yes sir. |
|  | | ***[?] L/S*** |
| D. | | How much did you use to smoke? |
|  | | ***Gives-L/S*** |
| P. | | Ah...for about 30 years I smoked about a pack and a half a day. |
|  | | ***[?] L/S*** |
| D. | | When did you cut down on your smoking? |
|  | | ***Gives-Med*** |
| P. | | I saw a doctor... |
|  | | ***BC*** |
| D. | | Ah-hmm. |
|  | | ***Gives-Med*** |
| P. | | Recently and... |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-hmm./ And he told you to quit smoking? |
|  | | ***Gives-Med*** |
| P. | | Yeah. |
|  | | ***[?] Med*** |
| D. | | Did he tell you what your problem was, what your diagnosis is? |
|  | | ***Gives-Med*** |
| P. | | Yeah. |
|  | | ***? Med*** |
| D. | | What? |
|  | | ***Gives-Med*** |
| P. | | Well, ah, he sent me to a lab for a breathing test. |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-hmm./ And did he tell you what the results of those tests were? |
|  | | ***Gives-Med*** ***Gives-Med*** ***Gives-Med*** |
| P. | | Yeah. / I breathed into a machine and, ah/...they said I had medium emphysema / |
|  | | ***Gives-Med*** |
|  | | Whatever that is. |
|  | | ***Checks*** ***[?] Thera*** |
| D. | | Medium emphysema./ Did he give you medicine? |
|  | | ***Gives-Thera*** |
| P. | | Yes sir. |
|  | | ***? Thera*** |
| D. | | What kind of medicine did he give you? |
|  | | ***Gives-Thera*** |
| P. | | Ah, little white pills. |
|  | | ***Agree*** ***[?] Thera*** |
| D. | | Ah-hmm./ How many a day? |
|  | | ***Gives-Thera*** |
| P. | | Three a day. |
|  | | ***Agree ? Thera*** |
| D. | | Ah-hmm./ You don't know the name of them or what they are? |
|  | | ***Gives-Thera*** ***Concern*** ***[?] Thera*** |
| P. | | Yeah, yeah./ I may not pronounce it right. / Is it aminophylline? |
|  | | ***Checks*** ***Gives-Thera*** |
| D. | | Aminophylline?/ Ah-huh. |
|  | | ***? Reassurance*** |
| P. | | Is that correct? |
|  | | ***Gives-Thera*** ***[?] Thera*** |
| D. | | That's correct, yeah./ Is that the only pills you took? |
|  | | ***Gives-Thera*** |
| P. | | Ah...Yeah, well when I had chest colds they would give me some, ah... |
|  | | ***BC*** |
| D. | | Ah-huh. |
|  | | ***Gives-Thera*** |
| P. | | Antibiotics. |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-hmm./ Have you ever been in the hospital with this problem? |
|  | | ***Gives-Med*** |
| P. | | No. |
|  | | ***Checks*** |
| D. | | No, then you've never been in the hospital then for anything like this. / |
|  | | ***[?] Med*** |
|  | | Have you ever had heart trouble? |
|  | | ***Gives-Med*** |
| P. | | No. |
|  | | ***[?] Med*** |
| D. | | High blood pressure? |
|  | | ***Gives-Med*** |
| P. | | Not that I know of. |
|  | | ***[?] Med*** |
| D. | | Sugar? |
|  | | ***Gives-Med*** |
| P. | | That's alright. |
|  | | ***[?] Med*** |
| D. | | Do you cough mucous up every day--phlegm? |
|  | | ***Gives-Med*** ***Gives-Med*** |
| P. | | Usually in the morning I cough up some … ah (cough)/ ...yellow, green phlegm / |
|  | | ***Trans*** |
|  | | Yeah… |
|  | | ***Agree*** ***[?] Med*** |
| D. | | Ah-huh./ Do you get a lot of colds? |
|  | | ***Gives-Med*** |
| P. | | About two...one or two every winter... |
|  | | ***BC*** |
| D. | | Ah-huh. |
| P. | | ***Gives-Med*** |
|  | | Chest colds like. |
|  | | ***Agree*** ***Trans*** ***? Med*** |
| D. | | Ah-huh /...Ah.../ Have you ever had any operations? / |
|  | | ***? Med*** |
|  | | Been in the hospital for any particular reason at all? |
|  | | ***Gives-Med*** |
| P. | | Yes sir. |
|  | | ***? Med*** |
| D. | | What? |
|  | | ***Gives-Med*** ***Gives-Med*** |
| P. | | I had, I think it was 1964, / I had, they called it a blocked artery... |
|  | | ***BC*** |
| D. | | Ah-huh. |
|  | | ***Gives-Med*** |
| P. | | And, ah, on the right side... |
|  | | ***BC*** |
| D. | | Ah-huh. |
|  | | ***Gives-Med*** |
| P. | | And, they corrected that with an operation they called a sympathectomy? |
|  | | ***Agree*** ***Checks*** |
| D. | | Ah-huh, ah-huh./ For a blocked artery. |
|  | |  |
|  | | ***Agree*** |
| P. | | Yeah. |
|  | | ***[?] Med*** |
| D. | | Did that help you? |
|  | | ***Gives-Med*** |
| P. | | Yeah. |
|  | | ***? Med*** |
| D. | | Any other operations? |
|  | | ***Gives-Med*** ***Gives-Med*** |
| P. | | Yeah.. / I had an aneurysm in the aorta, in 1975... |
|  | | ***BC*** |
| D. | | Ah-hmm. |
|  | | ***R/O*** |
| P. | | And, ah... I made a good recovery. |
|  | | ***BC*** |
| D. | | Ah-hmm. |
|  | | ***Comp*** |
| P. | | Good surgeon. |
|  | | ***? Thera*** |
| D. | | Are you allergic to any medicines at all? |
|  | | ***Gives-Thera*** |
| P. | | None that I know of. |
|  | | ***? L/S*** |
| D. | | What kind of work did you do? |
|  | | ***Gives-L/S*** |
| P. | | I was a hardware...merchant, salesman. |
|  | | ***[?] L/S*** |
| D. | | Never worked around coal mines or around industrial dust or factories or smoke / |
|  | | ***? L/S*** |
|  | | or anything like that? |
|  | | ***Gives-L/S*** |
| P. | | Ah...Bethlehem Steel...way back in 1943. |
|  | | ***[?] L/S*** |
| D. | | How many years? |
|  | | ***Gives-L/S*** |
| P. | | Not many. |
|  | | ***BC*** |
| D. | | Oh. |
|  | | ***Gives-L/S*** |
| P. | | Two. |
|  | ***? Med*** ***[?] Med*** | |
| D. | Do you have any trouble digesting your food,/ swallowing your food, / | |
|  | ***[?] Med*** ***? Med*** | |
|  | moving your bowels at all/ any difficulty urinating? | |
|  | ***Gives-Med*** | |
| P. | Ah...I have to get up at night and urinate. | |
|  | ***Agree*** ***? Med*** | |
| D. | Ah-huh./ You haven't had any blood with your bowel movement, / | |
|  | ***? Med*** | |
|  | no blood with your bowel movements or anything like that? | |
|  | ***Gives-Med*** | |
| P. | No sir. | |
|  | ***Trans*** ***Orient***  ***?Permission*** | |
| D. | Okay, Mr. --- / Do you want to take your shirt off / so I can check you, please? | |
|  | ***Agree*** ***[?] Other*** | |
| P. | Ah-hmm. / Is this alright up here? | |
|  | ***Gives-Other Agree*** ***Orient Concern*** | |
| D. | Sure, sure. / Yeah. / Or I'll just lay it down on this chair here./ I don’t want it to fall. | |
|  |  | |
|  | *(patient coughs)* | |
|  | ***[?] Med*** | |
| D. | You cough quite a bit, don't you? | |
|  | ***Gives-Med*** | |
| P. | Yeah, ah-huh. | |
|  | ***[?] Med*** | |
| D. | Do you wheeze sometimes too? | |
|  | ***Gives-Med*** | |
| P. | Yeah. | |
|  | ***Orient*** | |
| D. | Just have a seat on the table here. | |
|  | ***Agree*** | |
| P. | Yes sir. | |
|  | ***Orient*** | |
| D. | Just sit up with your feet over the side please. | |
|  | ***[?] L/S*** | |
| D. | Do you live right in Baltimore or do you live in the suburbs? | |
|  | ***Gives-L/S*** | |
| P. | Suburbs. | |
|  | ***Agree*** ***[?] L/S*** | |
| D. | Ah-hmm./ Is there much smoke or smog or pollution where you live? | |
|  | ***Gives-L/S*** | |
| P. | Not as much as here. | |
|  | ***Agree*** ***Gives-L/S*** | |
| D. | Ah-huh./ There's a lot around here... | |
|  | ***Agree*** | |
| P. | Ah-huh. | |
|  | ***Gives-L/S*** | |
| D. | Especially today. | |
|  | ***Agree*** | |
| P. | Ah-huh. | |
|  | ***[?] Med*** | |
| D. | Do the atmospheric conditions seem to bother you at all? | |
|  | ***Gives-Med*** | |
| P. | A little bit. | |
|  | ***Agree*** | |
| D. | Ah-hmm. | |
|  | ***Orient*** ***Orient*** | |
| D. | Just open your mouth real widely now./ And lift up your tongue please. / | |
|  | ***Orient*** ***[?] Med*** | |
|  | Just look at the white spot on the wall./ Have you ever experienced chest pains when | |
|  | ***[?]Med*** | |
|  | you exert yourself /or when you go outside and it's cold? / Have you ever had to take | |
|  | ***[?] Thera*** ***[?] Thera*** | |
|  | medication for chest pain? / ...Or pressure in your chest? | |
|  | ***Gives-Med*** | |
| P. | No, my ribs ache after a coughing spell. | |
|  | ***Agree*** | |
| D. | Ah-huh. | |
|  | ***Agree*** | |
| P. | Excuse me. | |
|  | ***Orient*** ***Orient*** | |
| D. | Take a deep breath please./ Just lay down please for a second--on your back. / | |
|  | ***Orient*** | |
|  | Unbutton your pants, Mr. ---. /... Why didn't you go back to that other doctor who | |
|  | ***? Med*** | |
|  | prescribed the, ah...medicines for you, the animophylline? | |
|  | ***Gives-Med*** | |
| P. | He died. | |
|  | ***Checks*** | |
| D. | Oh, he died. | |
|  | ***Agree*** | |
| P. | Ah-hmm. | |
|  | ***[?] Thera*** | |
| D. | Did the medicine he gave you help you? | |
|  | ***Gives-Thera*** | |
| P. | Yes. | |
|  | ***[?] Thera*** | |
| D. | Did you take it every day or just when you needed it? | |
|  | ***Gives-Thera*** | |
| P. | I did for a whole week... | |
|  | ***BC*** | |
| D. | Ah-hmm. | |
|  | ***Gives-Thera*** | |
| P. | Then, I don't know, I felt better... | |
|  | ***BC*** | |
| D. | Ah-huh. | |
|  | ***Gives-P/S*** | |
| P. | And, it got to be such a bother, I... | |
|  | ***BC*** | |
| D. | Ah-hmm. | |
|  | ***Gives-Thera*** | |
| P. | I didn't keep up with it. | |
|  | ***Trans*** ***Orient*** ***Orient*** | |
| D. | Okay. / If you want to sit up and get dressed, Mr. --- / and I'll have my assistant | |
|  | ***Orient*** | |
|  | come in and take your temperature./ Then I'll have you come back to my office / | |
|  | ***Orient*** | |
|  | and I'll talk to you about your problem. | |
|  | ***Agree*** | |
| P. | Yes sir. | |
|  | ***Orient*** | |
| D. | I'll see you in a few minutes. | |
|  |  | |
|  | *(break in taping)* | |
|  |  | |
|  | ***Gives-Med*** ***Gives-Med*** | |
| D. | You might have emphysema/...bronchitis or asthma / ...But it sounds from | |
|  | ***Gives-Med*** | |
|  | your history and your examination like you have emphysema. | |
|  | ***Agree*** | |
| P. | Yeah. | |
|  | ***Gives-Med*** ***Gives-Med*** | |
| D. | That's an over-inflation of the air sacks in your lung / ...ah...and that is aggravated by | |
|  | ***C-L/S-P/S*** | |
|  | smoking cigarettes./ Ah- hmm...You should try to discontinue smoking completely. / | |
|  | ***C-L/S-P/S*** | |
|  | If you can't quit all of your smoking at one time, I advise over a period of a few | |
|  | ***C-L/S-P/S*** | |
|  | weeks / you gradually cut down one cigarette every other day / so that you're off the | |
|  | ***C-L/S-P/S*** ***Trans*** | |
|  | cigarettes in two three weeks./ Ah...or… | |
|  | ***Checks*** | |
| P. | That's a must? | |
|  | ***Concern*** ***C-L/S-P/S*** | |
| D. | That's a must./ Also I'd like you to drink a lot more fluids / …to loosen the mucous | |
|  | ***C-L/S-P/S*** | |
|  | you have in your chest. | |
|  |  | |
|  | ***Trans*** ***Agree*** ***? L/S*** | |
| P. | Like.../ pardon me/ like what? | |
|  | ***C-L/S-P/S*** ***C-L/S-P/S*** | |
| D. | More water. / I'd like you to get a cool mist vaporizer or humidifier to run in your | |
|  | ***C-L/S-P/S*** | |
|  | room a few hours a day, / so that the vapor in the air will help loosen the mucous that | |
|  | ***Gives-Med*** | |
|  | you have. / And if you're able to cough up this mucous, you will probably be able | |
|  | ***Gives-Med*** | |
|  | to get the air in and out of your lungs with less difficulty. / See, you have this thick | |
|  | ***Gives-Med*** | |
|  | yellow, green mucous / and this plugs your windpipe. | |
|  | ***Agree*** | |
| P. | I see. | |
|  | ***Gives-Thera*** ***Gives-Thera*** | |
| D. | I'm also going to send you to the hospital.../ to get a, ah...blood test to measure the | |
|  | ***Gives-Thera*** | |
|  | amount of oxygen in your blood. / And here in my office we can take your chest | |
|  | ***Gives-Thera*** | |
|  | x-ray / and do a breathing test on you to see, ah...how much difficulty you | |
|  |  | |
|  | have with breathing. | |
|  | ***Agree*** | |
| P. | I see. | |
|  | *Gives-Med* *R/O* | |
| D. | Some of your problem may be reversible. / You may be able to improve considerably | |
|  | ***C-Med/Thera*** | |
|  | /if you follow my advice. | |
|  | ***? Reassure*** | |
| P. | It gets better? | |
|  | ***R/O*** ***Concern*** ***R/O*** | |
| D. | Oh yes, it gets better. / Maybe not completely better, / but ah...significantly better. | |
|  | ***? Reassure*** | |
| P. | Can I play golf again? | |
|  | ***Concern*** | |
| D. | Ah...let's wait and see. | |
|  | ***Agree*** | |
| P. | Alright sir. | |
|  | ***C-L/S-P/S*** | |
| D. | That's a possibility. | |
|  | ***Agree*** | |
| P. | Ah-hmm. | |
|  | ***Gives-Thera*** | |
| D. | Ahm...I'm going to give you a prescription right now for some Ampicillin/ because | |
|  | ***Gives-Med*** | |
|  | you're coughing up this yellow green mucous. / Ahm... and I'm going to give you a | |
|  | ***Gives-Thera*** | |
|  | prescription for some colydil, ah, for breathing. | |
|  | ***? Thera*** | |
| P. | What's that do, doctor? | |
|  | ***Gives-Thera*** | |
| D. | Colydil is like aminophylline. | |
|  | ***Agree*** | |
| P. | Oh...ah-hmm. | |
|  | ***Gives-Thera*** ***Gives-Thera*** | |
| D. | And, ah...we'll see how you do. / I'll see you next week./ If you're not improved | |
|  | ***Gives-Thera*** | |
|  | as much as I'd like, I can give you some other kind of medications to take / | |
|  | ***Gives-Thera*** | |
|  | depending on the results of your blood test. | |
|  | ***Agree*** | |
| P. | Yes sir. | |
|  | ***Gives-Thera*** | |
| D. | So I'm going to give you the prescription for some ampicillin and colydil. / And we'll | |
|  | ***Gives-Thera******C-Med/Thera*** | |
|  | get these tests. / And I'll see you in the office next week. / And if you have | |
|  | ***C-Med/Thera*** | |
|  | any problems, you give me a call over the phone | |
|  | ***Agree*** | |
| P. | Yes sir. | |
|  | ***? Understand*** | |
| D. | Okay? | |
|  | ***Agree*** ***Gives-L/S*** ***[?] L/S*** | |
| P. | Ah-hmm... / No smoking. / Gradually cut down? | |
|  | ***C-L/S-P/S*** | |
| D. | Gradually cut down so you don't smoke at all. | |
|  | ***Agree*** | |
| P. | Ah-hmm. | |
|  | ***C-Med/Thera*** | |
| D. | And, ah...If you have any problems...you, ah...give me...a call. | |
|  | ***? Thera*** | |
| P. | Like what? | |
|  | ***C-Med/Thera*** ***C-Med/Thera*** | |
| D. | Oh, if you get more short of breath...than you are now. / If it gets worse I’d like | |
|  | ***C-Med/Thera*** | |
|  | to know about it./ Or if your wheezing gets worse. | |
|  | ***Agree*** | |
| P. | Ah-hmm. | |
|  |  | |
|  | ***C-Med/Thera*** ***C-Med/Thera*** | |
| D. | We'll try you on this medicine / and I'll see you next week. | |
|  | *(phone rings)* | |
|  | ***Agree*** | |
| D. | Excuse me one second. | |
|  | *(doctor answers phone; brief conversation, lasting less than one minute)* | |
|  | ***Trans*** ***C-Med/Thera*** | |
| D. | Okay, Mr. --- / I'll see you next week. | |
|  | ***Approve*** | |
| P. | Thank you, doctor. | |
|  | ***Approve*** | |
| D. | You're welcome. | |
|  | ***Personal*** | |
| P. | Bye sir. | |
|  | ***Personal*** | |
| D. | Bye. | |

***Tape #5***

|  |  |
| --- | --- |
|  | ***Personal*** |
| D. | Good morning. |
|  | ***Personal Personal*** |
| P. | Good morning. / ----is my name. |
|  | ***Agree*** ***Orient*** |
| D. | Okay. / Have a seat here please. |
|  | ***Checks*** |
| P. | Right here? |
|  | ***Agree*** |
| D. | Yes, please. |
|  | ***Agree*** |
| P. | Alright. |
|  | ***[?] Med*** |
| D. | How do you spell your last name? |
|  | ***Gives-Med*** |
| P. | ----- |
|  | ***[?] Med*** |
| D. | And your first name? |
|  | ***Gives-Med*** |
| P. | ----- |
|  | ***[?] Med*** |
| D. | How old are you? |
|  | ***Gives-Med*** |
| P. | I'm 69 this month. |
|  | ***? Opinion*** |
| D. | And what's the trouble, today? |
|  | ***Gives-Med*** ***Concern Concern*** |
| P. | Well...it's a long story. / I got these terrible colds I get in my chest. / That's bad |
|  | ***Concern Concern*** |
|  | enough.../ but it's the shortness of breath that's got meconcerned. /And it's becoming |
|  | ***Gives-Med*** |
|  | worse./After each one of these colds, the shortness of breath becomes worse. |
|  | ***[?] Med*** |
| D. | How long would you say you've had this...a number of years? |
|  | ***Gives-Med*** |
| P. | Oh well I...it started about 2 years before I retired, which is... / about 6-7 years, |
|  | ***Gives-Med*** |
|  | between 6 and 7 years now. |
|  | ***? L/S*** |
| D. | What kind of work did you do? |
|  | ***Gives-L/S*** |
| P. | I was a clothing salesman...in, ah, you call it a men's haberdashery store. / |
|  | ***Gives-L/S*** |
|  | You know, you want a suit, shirt, underwear, the whole bit, ah, socks, shoes. / |
|  | ***Gives-L/S*** |
|  | Complete outfitter. |
|  | ***Agree*** ***? Thera*** |
| D. | Okay. / Do you take any medication now? |
|  | ***Gives-Thera Gives-Thera*** |
| P. | Oh, a couple of...no, I'm not taking any now. / I had some once...a couple of times... |
|  | ***Gives-Thera*** |
|  | but I'm not taking any now. |
|  | ***Agree*** ***? Med*** |
| D. | Okay. / Have you ever had any studies, any studies for your...?/ |
|  | ***? Med*** ***? Med*** |
|  | Any physical examinations? / Any x-rays? |
|  | ***Gives-Med*** ***R/O*** |
| P. | No. / I...I consider myself pretty healthy, I think I'm pretty healthy. / But this...ah... |
|  | ***Concern*** |
|  | increasing shortness of breath...has got me worried because, / as I say I'm pretty |
|  | ***Concern*** ***Trans*** |
|  | healthy but I know this is a bad sign for something. / But this cold's...still-- |
|  | ***[?] L/S*** |
| D. | Do you smoke? |
|  | ***Gives-L/S*** |
| P. | Yeah, I smoke. |
|  | ***[?] L/S*** |
| D. | How much? |
|  | ***Gives-L/S*** ***Agree*** |
| P. | Oh, I guess about a pack a day. / (coughs) Excuse me. |
|  | ***? Med*** |
| D. | Have you had any other serious illnesses in the past, any heart trouble? |
|  | ***Gives-Med*** ***Gives-Med*** ***R/O*** |
| P. | No... / No, I haven't had any. / That's the reason I say I think I'm pretty healthy. |
|  | ***[?] Med*** ***? Med*** |
| D. | No trouble with your kidneys? / Have you ever had any surgery? |
|  | ***Gives-Med*** |
| P. | When I was 9 years old. |
|  | ***? Med*** |
| D. | What kind of surgery? |
|  | ***Gives-Med*** |
| P. | Ah...appendicitis. |
|  | ***? Med*** |
| D. | Do you have any problems with headaches or dizziness? |
|  | ***Gives-Med*** |
| P. | No. |
|  | ***? Med*** |
| D. | Any trouble with your vision? |
|  | ***Gives-Med*** ***Gives-Med*** |
| P. | I wear glasses for reading. / That's all. |
|  | ***[?] Med*** |
| D. | Do you sleep well at night? |
|  | ***Gives-Med*** ***Gives-Med*** |
| P. | I think I sleep pretty good. / I get up...when I have the colds, why of course I |
|  | ***Gives-Med*** |
|  | don't...sleep too well. / Ah...I may get up and go the head once or twice. / |
|  | ***Gives-Med*** |
|  | But I sleep pretty good. |
|  | ***[?] Med*** |
| D. | Do you...is your cough pretty severe? |
|  | ***Checks*** ***Gives-Med*** |
| P. | With the colds? / Yeah, quite a lot of coughing and... |
|  | ***[?] Med*** |
| D. | Do you bring up some sputum? |
|  | ***Checks*** ***Gives-Med*** ***Laughs*** |
| P. | Phlegm? / Yeah. (laughs) |
|  | ***? Med*** |
| D. | Is this any time of day or night or is it worse at sometime? |
|  | ***Gives-Med*** |
| P. | Ah...well when I have the cold it's day and night, sure. |
|  | ***Orient*** ***? Med*** |
| D. | How about your...this shortness of breath. / Does anything bring it on for you? / |
|  | ***[?] Med [?] Med*** |
|  | Are...are you short of breath at night when you're sleeping or... / when you're laying |
|  | down? |
|  | ***Gives-Med*** ***Gives-Med Checks*** |
| P. | Well, a little bit. / But it isn't so bad as when I have the colds. / You say does |
|  |  |
|  | ***Gives-L/S*** |
|  | anything bring it on. / Ah...I like to ride my bike a little bit and that, ah... |
|  | ***Checks*** |
| D. | That makes it... |
|  | ***Gives-Med*** ***Gives-L/S*** |
| P. | That, ah, that makes it very noticeable. / So I don't ride my bike any more |
|  | like I used to. |
|  | ***[?] Med*** |
| D. | Can you walk down the street without shortness of breath? |
|  | ***Gives-Med*** ***[?] Med Gives-Med*** |
| P. | Well, I can walk, ah... / With or without the cold? / Because it's worse with the cold. |
|  | ***[?] Med*** |
|  | What do you mean--with or without the cold? |
|  | ***[?] Med*** |
| D. | When you don't have the cold you can walk, ah...? |
|  | ***Gives-Med*** ***Gives-Med*** |
| P. | Well I can walk, ah, 3 blocks, 4 blocks / and...that's about a quarter of a mile I |
|  | ***Gives-Med*** |
|  | think, something like that. / And then I notice shortness of breath, yeah. |
|  | ***[?] Med*** |
| D. | Your appetite's good? |
|  | ***Gives-Med*** |
| P. | I think it is, yeah. |
|  | ***[?] Med*** |
| D. | No particular nausea or vomiting? |
|  | ***Gives-Med*** |
| P. | No. |
|  | ***[?] Med*** |
| D. | Bowels move alright? |
|  | ***Trans*** ***Laughs***  ***Laughs*** |
| P. | Oh... / I think I'm one of the regulars. (laughs) |
|  | ***[?] Med*** |
| D. | Pass your urine okay? |
|  | ***Gives-Med*** |
| P. | I think so. |
|  | ***? Med*** |
| D. | Anybody in your family have serious illnesses? / Brothers and sisters have any |
|  | ***? Med*** |
|  | serious problems with heart trouble or trouble with their lungs? |
|  | ***Gives-Med*** ***Gives-Med*** |
| P. | Ah, I don't know of any lung problem. / I had 3 half brothers and a half sister. / |
|  | ***Gives-Med*** ***Gives-Med*** |
|  | I never had a full...relation. / But, ah...they were older, much older than I am. / |
|  | ***Gives-Med*** ***Gives-Med*** |
|  | They passed away. / They lived some place out of town. / I really can’t.... |
|  | ***Gives-Med*** |
|  | I don't know for sure exactly what they had except my sister. / She was in her |
|  | ***Gives-Med Gives-Med*** |
|  | late 70's, and she kind of got weak and infirmed. / I guess that's the right word. |
|  | ***Trans*** ***Orient*** |
| D. | Okay, let's ah... / I think now we'll slip your sweater and shirt off. |
|  | ***Concern*** |
| P. | Yeah, I like to think I'm pretty healthy and then this shortness of breath. / I guess it's |
|  | ***? Reassure*** |
|  | reason to be concerned about it, isn't it? |
|  | ***Legit*** |
| D. | Sounds that way, yes. |
|  | ***[?] Other*** |
| P. | Want me to take this shirt off? |
|  | ***Orient*** |
| D. | Yes, please. |
|  | ***Checks*** |
| P. | Right down to the bare... |
|  | ***Orient*** |
| D. | Just have a seat again please. |
|  | ***Agree*** |
| P. | Yes sir. |
|  | ***Orient*** |
| D. | I'll be back in just a minute. |
|  |  |
|  | *(doctor leaves room briefly)* |
|  |  |
|  | ***Personal*** |
| P. | What are you, about 6'4"? |
|  | ***Personal*** |
| D. | 6-5. |
|  | ***Personal*** |
| P. | 6-5. |
|  | ***R/O*** |
| D. | Blood pressure is good. |
|  | ***? Reassure*** |
| P. | It is? |
|  | ***R/O*** ***Gives-Med*** |
| D. | Yeah. / 140/80. |
|  | ***? Reassure*** ***Laughs*** |
| P. | That's one thing in my favor, maybe, huh? (laughs) |
|  | ***Orient*** |
| D. | Let's just listen here. |
|  | ***Orient*** ***Orient*** |
| D. | Now, keep your mouth open please / and breath through your mouth, |
|  | in and out. |
|  | ***Approve*** ***Orient*** |
| D. | Okay, that's good. / Now keep your mouth open and breathe again please. |
|  | ***Approve*** |
| D. | Okay that's good. |
|  | ***? Reassure*** |
| P. | You say it's good, huh? |
|  | ***Trans*** ***Concern*** ***Gives-Med*** |
| D. | Well... / I do think you have a problem. / Most likely with your bronchial tubes./ |
|  | ***Gives-Thera*** |
|  | But this is something that, that has to have further investigation / and then some |
|  | ***Gives-Thera***  ***Gives-Thera*** |
|  | treatment. / So I think there's a number of things we should do. / I think you'll |
|  | ***Gives-Thera*** ***Gives-Thera*** |
|  | need a chest x-ray. / You will need some studies for...to see how you're breathing. |
|  | ***Concern*** |
| P. | That makes it sound very bad. |
|  | ***R/O*** |
| D. | Well, not necessarily. |
|  | ***Concern*** |
| P. | I'm concerned and that makes it sound worse. |
|  | ***Gives-Med*** |
| D. | But I think you have some chronic irritation in your bronchial tubes. / And they keep |
|  | ***Gives-Med Gives-Thera*** |
|  | secreting mucous and then subject you to infection / But if we can get this basic |
|  | study... |
|  | ***Checks*** |
| P. | You mean when I have the cold in the lungs. |
|  | ***Agree*** ***Gives-Med*** |
| D. | That's right. / And it makes you more susceptible. / So we'll have to... |
|  | ***Gives-Thera*** |
|  | I’ll write down a list of a few studies to be done at the lab. / And after that's done, |
|  | ***C-Med/Thera*** |
|  | you come back in and start under some treatment. / Now there are a few things |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | you can do to start with immediately. / Of course, you should avoid anything |
|  | ***C-Med/Thera*** |
|  | that irritates your...bronchial tubes. / Any type of irritation. / |
|  | ***C-L/S-P/S*** ***C-L/S-P/S*** ***C-L/S-P/S*** |
|  | That goes for smoking... / dust, fumes... / anything of that order. |
|  | ***Concern*** |
| P. | I tried to stop smoking once. |
|  | ***Concern*** ***C-L/S-P/S*** |
| D. | This is very important. / Any time you smoke, the tars and the smoke irritates the |
|  | ***C-L/S-P/S*** |
|  | bronchial tubes / and causes them to secrete more mucous and makes you more |
|  | ***Concern*** |
|  | susceptible to infection. / So smoking is extremely important. / To avoid smoking is |
|  | ***Concern*** |
|  | extremely important as something you have to try to do, / or this process continues |
|  | ***Concern*** |
|  | getting worse and worse. |
|  | ***Concern Concern*** |
| P. | I know I'm not smart...when it comes to smoking. / But I'm also a weak, a weak, |
|  | ***Concern*** |
|  | fellow. /I tried to stop once...but just couldn't make it. |
|  | ***C-L/S-P/S*** |
| D. | Well, this is something that...that you'll have to work on a little bit at a time. / And |
|  | ***C-Med/Thera*** |
|  | maybe with repeated visits, as you get on some medication, ah... /you can start |
|  | ***C-L/S-P/S*** ***Orient*** |
|  | cutting down more and more on your cigarettes./ So I'll write down this list-- |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***Gives-Thera*** |
| D. | --Of work that should be done for you. |
|  | ***[?] Other*** |
| P. | Shall I...get my shirt on? |
|  | ***Orient*** |
| D. | Yes, you can. |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***[?] Med*** |
| D. | You spitting up a lot now...a lot of mucous? |
|  | ***Gives-Med*** |
| P. | Only in the morning, when I...cough a little in the morning./ I call them bullets, little |
|  | ***Gives-Med*** ***Trans*** ***Gives-Med*** |
|  | white...pieces of phlegm or something will come up. / Ah... / Not like it is when I |
|  | have the heavy chest colds. |
|  | ***Gives-Thera*** ***Gives-Thera Gives-Thera*** |
| D. | Well we'll order the blood count. / We'll order the x-ray. / We'll order some |
|  | ***Gives-Thera Gives-Thera Gives-Thera*** |
|  | breathing tests./ And we'll check your sputum. / Then you should be checked again |
|  | ***Gives-Thera*** ***? Understand*** |
|  | in about one week./And then proceed from there, / alright? |
|  | ***Approve*** ***Laughs*** |
| P. | You're the doctor. (laughs) |
|  |  |
|  | ***Trans*** |
| D. | Okay. |
|  | ***Agree*** ***Approve*** |
| P. | That's it. / Thank you doctor. |
|  | ***Approve*** ***C-L/S-P/S*** ***?Understand*** |
| D. | You're welcome. / Now you start working on that. / Okay? |
|  | ***Checks*** |
| P. | You mean like the smoking? |
|  | ***Agree*** |
| D. | Yeah. |
|  | ***Agree*** ***Concern*** |
| P. | Yeah. / Ah...I'm a weak kind of guy. |
|  | ***Personal*** |
| D. | Bye. |

***Tape #6***

|  |  |
| --- | --- |
|  | ***Trans*** ***Orient*** ***[?] Med*** |
| D. | Alright. / Let's see what we've got here. / When was the last I saw you, Ms. --- ? |
|  | ***Trans*** |
| P. | Ah...wait a minute now... |
|  | ***Trans*** ***Gives-Med Concern*** |
| D. | Ah...let me see. / I have a better chart than this one. / I hope. |
|  | ***Unintel*** |
|  | (unintelligible comment) |
|  | ***Gives-Med*** ***Gives-Med*** ***[?] Med*** |
| P. | It was in February I guess. / I don't know... / Was that the last time? |
|  | ***Gives-Med*** ***Gives-Med*** ***Gives-Med*** |
| D. | Yes. / The last time I saw you was in, ah... / February. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***? P/S*** |
| D. | How you feeling? |
|  | ***Gives-P/S*** |
| P. | Fine. |
|  | ***Checks*** |
| D. | Fine? |
|  | ***Agree*** |
| P. | Fine. |
|  | ***Approve*** |
| P. | Good. |
|  | ***Laughs*** |
|  | (patient laughs) |
|  | ***Trans*** ***[?] Thera*** |
| D. | And, ah... / And you're taking the diabetes pill one twice a day, is that right? |
|  | ***Gives-Thera*** |
| P. | Yes. |
|  | ***Checks*** |
| D. | And the blood pressure pill...one twice a day. |
|  | ***Agree*** ***Agree*** |
| P. | Twice a day. / Ah-hmm. |
|  | ***[?] Med*** |
| D. | Are your eyes still hazy? |
|  | ***Gives-Med*** ***Gives-Med*** |
| P. | A little. / Sometimes they're a little better, they're not as… / |
|  | ***Gives-Med*** |
|  | But, most of the time they're a little bit hazy. |
|  | ***[?] Med*** |
| D. | And your urine is, ah...negative all the time? |
|  | ***Gives-Med*** ***Gives-Med*** |
| P. | Yeah. / Ah-huh. |
|  | ***Checks*** |
| D. | They have been negative all the time. |
|  | ***Agree*** ***Agree*** |
| P. | Yeah. / Ah-huh. |
|  | ***Checks*** |
| D. | They've never been...never been high. |
|  | ***Agree*** ***Agree*** |
| P. | Right. / Yeah. |
|  | ***Orient*** |
| D. | Let's see if I can find the results of the blood test we did last time in the chart. |
|  | ***Agree*** |
| P. | Oh, yeah. |
|  | ***Trans*** ***Gives-Med*** ***Gives-Med*** |
| D. | Alright. / February. / It was still a little bit high there in February. |
|  | ***Checks*** |
| P. | What...my pressure? |
|  | ***Disagree*** |
| D. | No the blood...sugar. |
|  | ***Checks*** ***Agree*** ***Agree*** |
| P. | Sugar. / Oh I see. / Yeah. |
|  | ***Trans*** ***Trans*** ***Trans*** ***? Med*** |
| D. | Okay. / Alright. / How about your, how about your... / hip pain? |
|  | ***Gives-Med*** |
| P. | Yeah, it's alright. |
|  | ***Checks*** |
| D. | It's okay? |
|  | ***Agree*** ***Gives-Med*** ***R/O*** |
| P. | Yeah. / It's fine. / I don't have any problem there. |
|  | ***Approve*** |
| D. | Wow! |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***R/O*** |
| D. | So it sounds like things are good. |
|  | ***Agree*** ***R/O*** |
| P. | Yeah. / I feel good. |
|  | ***? Opinion*** |
| D. | Is there anything that you have on your mind that I can help you with? |
|  | ***Gives-P/S*** ***R/O*** ***Gives-P/S*** |
| P. | No, I don't think so. / Because I been feeling good. / As I say I still have to get my, |
|  | ***Laughs*** |
|  | wiggle my weight a little more / (laughs), so... |
|  | ***Agree*** ***Approve*** ***Trans*** |
| D. | Oh you do. / And that would be a good plan. / Let's see... |
|  | ***Agree*** ***Laughs*** |
| P. | Yeah. (laughs) |
|  | ***Gives-Med*** ***Gives-Med*** |
| D. | 161 was last time. / And today is 164. |
|  | ***Agree*** ***Concern*** ***Laughs*** ***Trans*** |
| P. | Yeah. / That's not good. / (laughs) / But, as I say I... |
|  | ***Legit*** |
| D. | It's very hard. |
|  | ***Agree*** ***R/O*** |
| P. | Yeah it is. / But now that summer is coming I think I can exercise more. |
|  | ***Approve*** |
| D. | That'd be a good idea. |
|  | ***Gives-L/S*** ***Gives-L/S*** |
| P. | Walk... / Walk... |
|  | ***BC*** |
| D. | Yeah. |
|  | ***Agree*** ***Gives-L/S*** |
| P. | Yeah. / So...But you know when it's wintertime you don't get around too much. / |
|  | ***Laughs*** ***Gives-L/S*** |
|  | (laughs) / But now that the weather's getting better I can, I can, ah, get out and walk |
|  | ***Gives-P/S*** ***R/O*** |
|  | more. /See if I can get some of this weight off. / But other than that I feel good./ |
|  | ***R/O*** |
|  | Seems like I have no problems. |
|  | ***[?] L/S*** |
| D. | Do you have someone in your household with you there or are you by yourself? |
|  | ***Gives-L/S*** ***Gives-L/S Gives-L/S*** |
| P. | No, I live alone. / But the landlady lives upstairs. / It's a two-family... / |
|  | ***Gives-L/S Gives-L/S*** |
|  | And, ah...she lives upstairs and I have my own first floor. / No one lives with me./ |
|  | ***Gives-L/S*** |
|  | But I do have...have visitors quite often. |
|  | ***C-L/S-P/S*** |
| D. | I was just thinking about the kinds of food that you can keep |
|  | ***C-L/S-P/S*** |
|  | In your house. / If you're by yourself you can...you can not have a lot of that. |
|  | ***Agree*** ***Agree*** ***Gives-L/S*** |
| P. | Yeah. / Right. / Well that's what...I was going to concentrate on that too. / |
|  | ***Gives-L/S*** |
|  | Because it's just...I'm alone, I can, ah, / I don't have to have a lot of food |
|  | ***Gives-L/S*** |
|  | around anyway. |
|  | ***BC*** |
| D. | Ah-hmm. |
|  | ***Gives-L/S*** ***Gives-L/S*** |
| P. | There's no one there. / It's easier...ah...when you're alone you don't have to prepare |
|  | ***Trans*** |
|  | food for somebody else. / So I can, you know... |
|  | ***C-L/S-P/S*** |
| D. | And you don't have to have that...desserts and stuff around. |
|  | ***Agree*** ***Agree*** ***Gives-L/S*** |
| P. | No. / Right. / 'Cause I don't eat a lot of desserts / but sometimes at night I do |
|  | ***Gives-L/S*** |
|  | like to eat Jello...or something like that at night. / But other than that I don't |
|  | ***Gives-L/S*** |
|  | have any other sweets. |
|  | ***Approve*** |
| D. | Good for you. |
|  | ***Trans*** |
| P. | Ah...but... *(remainder of tape not transcribed)* |

***Tape #7***

|  |  |
| --- | --- |
|  | ***Personal*** |
| D. | Hi,--- |
|  | *Personal* |
| P. | Hello, again. |
|  | ***? Opinion*** |
| D. | How you doing? |
|  | ***R/O*** |
| P. | Ah, I'm doing a little better. |
|  | ***Checks*** |
| D. | Doing better. |
|  | ***? Service*** |
| P. | I just, um, see if I can get a prescription for a bee sting kit. |
|  | ***Agree*** |
| D. | Okay. |
|  | ***Gives-Thera*** |
| P. | I used to carry one around and I just kind of let it lapse./ I haven't been |
|  | ***Gives-L/S*** |
|  | in the woods much. |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-Med*** |
| P. | I went out hiking yesterday and got stung by a bee/ and got a |
|  | ***Concern*** |
|  | nice big reaction on my leg. |
|  | ***? Med*** |
| D. | What kind of a reaction? |
|  |  |
|  | ***Gives-Med*** |
| P. | Basically swelling. |
|  | ***? Med*** |
| D. | Have you ever had any other problem other than swelling? |
|  | ***Gives-Med*** ***Concern*** |
| P. | None other than swelling./ Each one gets progressively a little more severe. |
|  | ***Agree*** ***[?] Med*** |
| D. | Okay./ Now was this, what type of bee, yellow jacket...? |
|  | ***Gives-Med*** |
| P. | Yeah. |
|  | ***[?] Thera*** |
| D. | Have you ever used a bee sting kit? |
|  | ***Gives-Thera*** ***Concern*** ***Gives-L/S*** |
| P. | No. / I was a little concerned. / I'm taking off Friday for a week in the back country… |
|  | ***BC*** |
| D. | Ah-huh. |
|  | ***Gives-L/S*** ***Concern*** |
| P. | In the Tetons./ And we won't be able to get out./ And it'd be some miserable time |
|  | ***Concern*** |
|  | if there was something wrong. |
|  | ***Gives-Med*** |
| D. | Ah, in general, the kind of reaction you have is the kind of reaction you'll have./ |
|  | ***Gives-Med*** |
|  | So if you tend to get swelling and tend not to get asthma or lung problems—/ |
|  | ***Gives-Med*** |
|  | It's not 100 per cent. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***C-Med/Thera*** |
| D. | If you were in the general ------- area, I would probably recommend against burying ***Gives-L/S*** |
|  | one./ They're not that expensive, but they are expensive. |
|  | ***Laughs*** |
| P. | It's only money. |
|  | ***Agree*** ***Laughs*** |
| D. | Yeah. (laughs) |
|  | ***Laughs*** |
| P. | (laughs) |
|  | ***Trans*** ***Gives-Med*** |
| D. | And, as I say, the likelihood of--/and they've done some research on this--/ |
|  | ***Gives-Med*** |
|  | the likelihood of you having a significant reaction other than swelling, ah, is |
|  | ***Gives-Med*** |
|  | extremely small./ Probably not much greater than, if any, the average person. |
|  | ***Agree*** |
| P. | Okay. |
|  | ***Gives-Med*** |
| D. | Ah, how much swelling you get depends on a couple of factors, well, three factors |
|  | ***Gives-Med Gives-Med*** |
|  | really./ One is what kind of bee stings you. / The yellow jacket is particularly nasty. / |
|  | ***Gives-Med Gives-Med*** |
|  | Honeybee doesn’t usually cause as much./ Two, how much venom the bee injected./ |
|  | ***Gives-Med*** ***Gives-Med*** |
|  | And they have some control over that./ And the third one is how sensitive you are to |
|  | ***Gives-Med*** |
|  | it. /So if you got bit, stung on the bottom of your foot, your foot can look like a |
|  |  |
|  | ***Gives-Med*** |
|  | balloon. / But if you get stung on the leg you'll get a big red spot and some swelling. |
|  | ***Agree*** |
| P. | Ah-hmm. |
|  | ***Gives-Med*** |
| D. | But that's usually about as far as it goes unless you have a major reaction. / |
|  | ***[?] Med*** |
|  | Ah, the a ...now when you got stung was the stinger left in? |
|  | ***Gives-Med*** |
| P. | I didn't pay that much attention to it. |
|  | ***BC*** |
| D. | Okay. |
|  | ***Gives-Med*** |
| P. | I knocked the bee off and-- |
|  | ***Agree*** ***C-Med/Thera*** |
| D. | Okay. / Take a look when, if you should get stung to be sure that the stinger isn’t in |
|  | ***[?] Thera C-Med/Thera*** |
|  | there. /And do you know how to take the stinger out? / Never, never grab it / because |
|  | ***C-Med/Thera*** |
|  | if it's got the sack you'll essentially squeeze in like a hypodermic syringe./ What |
|  | ***C-Med/Thera C-Med/Thera*** |
|  | you want to do is take the sharp edge /and if you've got a knife you take it like this./ |
|  | ***C-Med/Thera***  ***C-Med/Thera*** |
|  | And if this is the stinger you flick it on out. / You flick it out this way so that you’re |
|  | ***C-Med/Thera*** |
|  | going out rather than squeeze./ You can use a good sharp fingernail you can do |
|  | ***C-Med/Thera*** |
|  | that too./ The idea is--you're not trying to cut yourself-- |
|  |  |
|  | ***Agree*** |
| P. | Right. |
|  | ***C-Med/Thera C-Med/Thera*** |
| D. | But the idea is to flick it out so that if you pull it out / rather than grab it and |
|  | ***Laughs*** |
|  | essentially pour all the poison/ (laughs) in. / You know, you might have been lucky, |
|  | ***C-Med/Thera Laughs Laughs*** |
|  | he might not have injected much/ but now you do the job. (laughs) |
|  | ***Agree*** ***Laughs*** |
| P. | Right. (laughs) |
|  | ***Agree*** |
| D. | Okay. / So, ah...were you not going to be where you would be a long long way from |
|  | ***C-Med/Thera*** |
|  | any kind of exposure, I would really probably say why bother./ It's always hard to say |
|  | ***C-Med/Thera*** |
|  | don't do something that's a safety factor. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***Gives-L/S Trans*** |
| D. | Other than when you're looking at costs and things. / So...But I would kind of.../ |
|  | ***Gives-Thera*** |
|  | I'll give you the prescription because, as you say, you're going to be way out there./ |
|  | ***R/O***  ***C-Med/Thera*** |
|  | But to be honest, I don't think you need it. / The best thing that you could probably do |
|  | ***C-Med/Thera*** |
|  | is take some Benadryl. / And that, if you get stung, you take some of that./ That's an |
|  | ***C-Med/Thera C-Med/Thera*** |
|  | antihistamine./ Because you're not going to give yourself an injection right in that |
|  | ***C-Med/Thera*** |
|  | area usually./ There are times when you can do a little bit in the area around it, |
|  | ***C-Med/Thera*** |
|  | which will constrict it. / But you're not going to do that kind of thing./ |
|  | ***C-Med/Thera C-Med/Thera*** |
|  | The kits are basically for zot injection,/ usually for somebody's who's got |
|  | ***C-Med/Thera*** |
|  | respiratory problems/ or where they're getting swelling of their throat and so on./ |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | Having trouble breathing./ But a local reaction is not where you use the kit./ |
|  | ***C-Med/Thera*** |
|  | In fact the kits usually contain some chlorpheniramine,/ which is just a different |
|  | ***C-Med/Thera*** |
|  | antihistamine plus the injectable. |
|  | ***Gives-Thera*** |
| P. | I was going to ask you about Benadryl antihistamine. |
|  | ***Agree*** ***Gives-Thera*** |
| D. | Yeah. / Chlor-Trimeton, Chlorpheniramine are basically the same./ |
|  | ***Gives-Thera*** ***Gives-Thera*** ***R/O*** |
|  | Benadryl is an old and tried--/ makes you sleepy. / But you can't beat it. / |
|  | ***C-Med/Thera*** |
|  | And that's the thing, if you want to be sure to get the least reaction, in traditional kinds |
|  | ***C-Med/Thera*** |
|  | of things that I would take./ The injection is adrenaline. / And it'll speed up your |
|  | ***C-Med/Thera*** |
|  | heart rate and make you jittery and nervous and things like that./ It wears off in about |
|  | ***C-Med/Thera C-Med/Thera*** |
|  | 15 minutes. / But it can be life- saving if you can't breathe. |
|  |  |
|  | ***Agree*** |
| P. | Yeah. |
|  | ***Agree*** ***R/O*** |
| D. | Okay. / And as I say, the likelihood of your going into not being |
|  | ***R/O*** |
|  | able to breath is extremely small./ Very small./ You know, if you told me that this |
|  | ***Gives-Med*** |
|  | happened and your face swelled up from the injection then I’d be very concerned / |
|  | ***Gives-Med*** |
|  | or that you had asthma from it or something, then I’d be very concerned. / |
|  | ***Gives-Med*** |
|  | And you really don't have any history of asthma or anything like that. |
|  | ***Agree*** |
| P. | Oh, okay. |
|  | ***Trans*** ***[?] Thera*** |
| D. | So, ah.../ Do you remember what kind it was, was it Ana-Kit that you had? |
|  | ***Gives-Thera*** |
| P. | Yeah, I think so. / Would the Benadryl taken now help bring down |
|  | ***[?] Thera*** |
|  | the swelling that's going on now? |
|  | ***Gives-Thera*** ***Self-Dis*** |
| D. | I don't know if much will do it now./ You know you get things, I got bitten by a |
|  | ***Self-Dis*** |
|  | mosquito 5 days ago / and I've still got a little bit of a welt. / |
|  | ***Self-Dis Gives-Med*** |
|  | I'm fairly sensitive to it./ So you might take a week for that swelling to go down./ |
|  | ***Gives-Thera*** |
|  | But, ah, most of what you want the antihistamine for initially is right at the beginning. |
|  |  |
|  | ***Gives-Thera*** |
|  | /It blocks the histamine reaction so you don't pour all this protein and fluid--/ that's |
|  |  |
|  | ***Gives-Med*** ***Gives-Med*** |
|  | why it swells. / But once it's in there, you know, basically your reaction's probably |
|  | ***Gives-Med*** ***Laughs*** |
|  | gone now./ It's just a question now of getting all this stuff out./(laughs) |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***C-Med/Thera*** |
| D. | And if it bothers you, you can try putting on a heat pack or soaking it or something./ |
|  | ***C-Med/Thera C-Med/Thera*** ***C-Med/Thera*** |
|  | That will help you./ Initially I wouldn't put heat on it./ You don't want to spread it./ |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | You want to localize it. / So ice or something like that or cold water. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***Trans*** ***Gives-Thera*** |
| D. | But, ah.../ But as I say I have mixed feelings as to whether or not--/ If you want to be |
|  | ***C-Med/Thera*** |
|  | really absolutely safe, but if you want to look at it your likelihood of needing |
|  | ***Gives-L/S*** ***Gives-L/S*** |
|  | the kit -- / I don't know what they cost--/ about 20 dollars or something like that-- |
|  | ***Agree*** |
| P. | About that. |
|  | ***Gives-L/S*** |
| D. | As opposed to a couple dollars for Benadryl, if you don't already have it, or |
|  | Chlor-Trimeton. |
|  |  |
|  | ***Unintel*** |
| P. | (Unintel) |
|  | ***Trans*** ***Gives-Thera*** |
| D. | So, ah.../ I think you probably don't need it. / On the other hand, it's a kind of thing |
|  | ***Gives-Thera*** |
|  | where it not like I'm giving you something that's going to cause problems / because |
|  | ***Gives-Thera*** ***Gives-L/S*** |
|  | you may never need it. / It's just a question of expense. |
|  | ***Agree Gives-Thera*** |
| P. | Alright./ I carried it when I was working in the woods everyday./ |
|  | ***Gives-Thera*** ***Gives-Thera*** |
|  | I carried it all the time. / And then I never bothered the last few years. / |
|  | ***Gives-Med*** |
|  | Haven't been stung either. |
|  | ***Laughs*** ***Gives-Med*** ***Gives-Med*** |
| D. | (laughs) Yeah, yellow-jackets can be really nasty./ They'll make anyone swell. / |
|  | ***Gives-Med*** |
|  | And the fact that you've swollen worse this time may be that you’re more sensitive |
|  | ***Gives-Med*** |
|  | to it,/ or it may be that you got more venom. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***Gives-Med*** |
| D. | There's just no way to know. / Where you swell too also makes a |
|  | ***Gives-Med*** |
|  | difference where you were stung. |
|  | ***Agree*** |
| P. | Alright. |
|  |  |
|  | ***[?] Thera*** |
| D. | Do you know how to give the injection? |
|  | ***Checks*** |
| P. | Know how to? |
|  | ***Agree*** |
| D. | Yeah. |
|  | ***Gives-Thera*** |
| P. | I'd have to review that. |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
| D. | Do read it. / Basically, usually if there's any question, like if your windpipe was |
|  | ***C-Med/Thera*** |
|  | closing up, you want to go right to the thigh./ There's no big blood vessels here./ |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | You don't want to inject it in the vein. / I mean, you can, intravenously, but I wouldn't |
|  | ***C-Med/Thera*** |
|  | generally do it for you./ But you want to get it into the muscle the fastest. /The next |
|  | ***C-Med/Thera C-Med/Thera*** |
|  | easiest way to do it is under the skin./ Just grab it up here and just jab it in here. / |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | Not even the muscle. / And that will give you some benefit as well. / They |
|  | ***C-Med/Thera*** |
|  | come in a thing where you go zip and you get one dose / and you twist it a half a turn |
|  | ***C-Med/Thera C-Med/Thera*** |
|  | and you can do a second dose. / But I wouldn't do it. / The other thing is, if you ever |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | see that solution turn yellow, throw it away. / It can become a fairly toxic chemical, / |
|  | ***C-Med/Thera*** ***C-Med/Thera*** |
|  | that breaks down. / This is one that I really would probably discard after the time |
|  |  |
|  | ***C-Med/Thera*** |
|  | limit. / But do read the directions. / You know, if someone were actually literally |
|  | ***C-Med/Thera*** |
|  | gasping for breath I wouldn't even take the pants off, I’d just go right through. / You |
|  | ***C-Med/Thera*** |
|  | run some risk of infection but could save a life. |
|  | ***Agree*** |
| P. | Ah-huh. |
|  | ***C-Med/Thera [?] L/S*** |
| D. | Otherwise you get to some skin area that you can do./ Are you going to be alone...? |
|  | ***Gives-L/S*** |
| P. | Ah, two of us. |
|  | ***Checks*** ***Gives-Thera*** ***Gives-Thera*** |
| D. | Two of us. / So, someone else could help. / I give it to you with a refill /but I honestly |
|  | ***C-Med/Thera*** |
|  | don't know that you'll need it. / It just depends on how nervous you're |
|  | ***C-L/S/P/S*** |
|  | going to be going out there-- |
|  | ***Agree*** |
| P. | Right. |
|  | ***Trans*** ***Emp*** |
| D. | Ah.../ and the feeling that you don't have this kind of security especially after having |
|  | ***R/O*** |
|  | been bitten./ Although in a way it should be security that you got bitten and you |
|  | ***?Understand*** ***Laughs*** |
|  | didn’t have breathing troubles./ Okay? / (Laughs) |
|  | ***Agree*** |
| P. | Okay. |
|  |  |
|  | ***? P/S ? P/S*** |
| D. | How about the anxiety? / How's that doing? |
|  | ***Gives-P/S Gives-P/S*** |
| P. | It's not acute. / Otherwise, I've just kind of settled into a mild depression right now. |
|  | ***? P/S*** |
| D. | What do you do with that? |
|  | ***Gives-P/S*** |
| P. | Ups and downs. / I'm hoping, I'm planning once I get back from this trip to see about |
|  | ***Gives-P/S*** |
|  | getting a hold of a therapist. |
|  | ***Approve*** ***C-L/S-P/S*** |
| D. | I think that's a good idea. / Because obviously what's happening is you're triggering |
|  | ***C-L/S-P/S*** |
|  | something. / The fear we talked about last time has obviously not taken place./ And |
|  | ***C-L/S-P/S*** ***Emp*** |
|  | that of course was your greatest terror. / But still obviously there's a lot of anxiety |
|  | ***C-L/S-P/S*** ***Emp*** |
|  | related to that/ that I'd like to see you get therapy for too./ Scary stuff, therapy. |
|  | ***Agree*** ***Gives-P/S*** |
| P. | Yeah,/ one doesn't always react the way one expects to. |
|  | ***R/O*** ***C-L/S-P/S*** |
| D. | But it can have big dividends. / I kind of make a analogy of a crisis to imagine like |
|  | ***C-L/S-P/S*** |
|  | Chinese checkers. / Every marble is sitting in their place. / And somebody comes |
|  | ***C-L/S-P/S*** |
|  | along and goes Wham! and all the marbles jump up and they start rolling around./ |
|  | ***C-L/S-P/S*** |
|  | The marble can go right back in the hole it was, or it might go advanced and fall |
|  |  |
|  | ***C-L/S-P/S*** |
|  | into another hole, or it could fall back. / And the wham on the side of the Chinese |
|  | ***R/O*** |
|  | checkers is kind of like a crisis. / So crises can actually be growth events. / |
|  |  |
|  | ***C-L/S-P/S*** ***R/O*** |
|  | They can get you into counseling,/ they can get you better than you were before |
|  | ***C-L/S-P/S R/O*** |
|  | it happened. / Or you can just sit there where you were./ So that's why I think this |
|  | ***Emp R/O*** ***Laughs ?Understand*** |
|  | is an opportunity /--painful opportunity-- /but an opportunity. (laughs) Okay? |
|  | ***Concern*** |
| P. | I'm sitting here and tears are starting to well up just listening to you. / |
|  | ***Concern*** |
|  | So I know it's not very far behind me. |
|  | ***Agree*** ***[?] P/S*** |
| D. | Okay. / Are you as frightened of coming apart as you were last time? |
|  | ***Concern*** |
| P. | Well, that's the fear, yeah. |
|  | ***Agree*** |
| D. | Yeah. |
|  | ***Gives-P/S*** |
| P. | Not so obvious. |
|  | ***Agree*** ***C-L/S-P/S C-Med/Thera*** |
| D. | Okay. / But do. / There may be a place--you know, we do use very short term |
|  | ***C-Med/Thera*** |
|  | medication tranquilizers--/there may be a place for an anti-depressant in the long |
|  |  |
|  | ***C-L/S-P/S***   ***C-L/S-P/S*** ***C-L/S-P/S*** |
|  | run. / It can help counseling. / See how you're doing. / Let me know./ |
|  | ***C-L/S-P/S [?] P/S*** |
|  | And, ah...we'll go from there./ Is it going to be a fun trip? |
|  | ***R/O*** ***Laughs*** |
| P. | I sure hope so. (laughs) |
|  |  |
|  | ***Approve*** ***? L/S*** |
| D. | Good. / What are you going to do? |
|  | ***Gives-L/S*** |
| P. | Oh, just going backpacking. |
|  | ***Agree*** |
| D. | Oh. |
|  | ***Gives-L/S*** |
| P. | About a weeks worth of packing to do. |
|  | ***Approve*** ***Agree*** |
| D. | Great. / Okay. |
|  | ***Gives-Med*** ***Laughs*** |
| P. | That's what I was doing when I got stung this weekend. / (laughs) |
|  | ***Laughs*** |
| D. | (laughs) |
|  | ***Gives-L/S*** |
| P. | (Unintel) berry-picking. |
|  | ***[?] L/S*** |
| D. | Did you get the berries at least? |
|  | ***Gives-L/S*** |
| P. | We got the berries. |
|  | ***Approve*** ***Laughs*** ***Trans*** |
| D. | Good. / (laughs) / Okay. |
|  | ***Agree*** ***Approve*** |
| P. | Okay. / Thank you. |
|  | ***[?] Thera*** |
| D. | I did give you the prescription, didn't I? |
|  | ***Gives-Thera*** |
| P. | Yeah. |
|  | ***Personal Personal Personal*** |
| D. | Have a good trip. / Have a relaxing trip and (unintel). / Bye-bye now. |