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Doctor-patient interactions during medical consultations about obesity

Volume 2: Appendices

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Appendix A: Transcription conventions adopted in the study


TRANSCRIPT SYMBOLS

Temporal and sequential relationships

A. Overlapping or simultaneous talk is indicated in a variety of ways.

[  Separate left square brackets, one above the other on two successive lines with utterances by different speakers, indicates a point of overlap onset, whether at the start of an utterance or later.

]  Separate right square brackets, one above the other on two successive lines with utterances by different speakers indicates a point at which two overlapping utterances both end, where one ends while the other continues, or simultaneous moments in overlaps which continue.

//  In some older transcripts or where graphic arrangement of the transcript requires it, a double slash indicates the point at which a current speaker's utterance is overlapped by the talk of another, which appears on the next line attributed to another speaker. If there is more than one double slash in an utterance,
then the second indicates where a second overlap begins, the overlapping talk appearing on the next line attributed to another speaker, etc. In transcripts using the // notation for overlap onset, the end of the overlap may be marked by a right bracket (as above)

* or by an asterisk.

So, the following are alternative ways of representing the same event: Bee's "Uh really?" overlaps Ava's talk starting at "a" and ending at the "t" of "tough."

Ava:  I 'av [a lotta t]ough cou:rses.
Bee:       [Uh really?]

Ava:  I 'av // a lotta t*ough cou:rses.
Bee:  Uh really?

=  B. Equal signs ordinarily come in pairs -- one at the end of a line and another at the start of the next line or one shortly thereafter. They are used to indicate two things:

1) If the two lines connected by the equal signs are by the same speaker, then there was a single, continuous utterance with no break or pause, which was broken up in order to accomodate the placement of overlapping talk. For example,

Bee:       In the gy:m? [(hh)
Ava:               [Yea:h. Like grou(h)p
therapy. Yuh know [half the group] thet=

Bee: [Oh : : : .] hhh

Ava: we had las' term wz there en we [jus'=

Bee: [hh

Ava: = playing around.

Ava's talk is continuous, but room has been made for Bee's overlapping talk (the "Oh").

2) If the lines connected by two equal signs are by different speakers, then the second followed the first with no discernable silence between them, or was "latched" to it.

(0.5) C. Numbers in parentheses indicate silence, represented in tenths of a second; what is given here in the left margin indicates 5/10 seconds of silence. Silences may be marked either within an utterance or between utterances, as in the two excerpts below:

Bee: hhh Uh::, (0.3) I don'know I guess she's aw- she's awright she went to thee uh:: hhospital again thday,

Bee: Tch! hh So uh I don't kno:w,

(0.3)

Bee: En:=

(.) D. A dot in parentheses indicates a "micropause," hearable but not readily measurable; ordinarily less than 2/10 of a second.
E. In some older or less carefully prepared transcripts, untimed silences may be indicated by the word "pause" in double parentheses.

**Aspects of speech delivery, including aspects of intonation.**

A. The punctuation marks are not used grammatically, but to indicate intonation. The period indicates a falling, or final, intonation contour, not necessarily the end of a sentence.

Similarly, a question mark indicates rising intonation, not necessarily a question, and a comma indicates "continuing" intonation, not necessarily a clause boundary.

In some transcript fragments in your readings you may see a combined question mark and comma, which indicates a rise stronger than a comma but weaker than a question mark. Because this symbol cannot be produced by the computer, the inverted question mark  ¿ (¿) is used for this purpose.

B. Colons are used to indicate the prolongation or stretching of the sound just preceding them. The more colons, the longer the stretching. On the other hand, graphically stretching a word on the page by inserting blank spaces between the letters does not necessarily indicate how it was pronounced; it is used to allow alignment with overlapping talk. Thus,
Bee: Tch! (M'n)/(En) they can't delay much
   lo:nguh they [jus' wannid] uh-'hhh=
Ava: [ O h : . ]
Bee: =yihknow have anothuh consulta:tion,
Ava: Ri::ght.
Bee: En then deci::de.

The word "ri::ght" in Ava’s second turn, or "deci::de" in Bee’s third are more stretched than "oh:" in Ava’s first turn, even though "oh:" appears to occupy more space. But "oh" has only one colon, and the others have two; "oh:" has been spaced out so that its brackets will align with the talk in Bee’s ("jus’ wannid") turn with which it is in overlap.

- C. A hyphen after a word or part of a word indicates a cut-off or self-interruption, often done with a glottal or dental stop.

- D. Underlining is used to indicate some form of stress or emphasis, either by increased loudness or higher pitch. The more underlining, the greater the emphasis.

- Therefore, underlining sometimes is placed under the first letter or two of a word, rather than under the letters which are actually raised in pitch or volume.

- WOrd. Especially loud talk may be indicated by upper case; again, the louder, the more letters in upper case. And in extreme cases, upper case may be underlined.
E. The degree sign indicates that the talk following it was markedly quiet or soft. When there are two degree signs, the talk between them is markedly softer than the talk around it.

F. Combinations of underlining and colons are used to indicate intonation contours, as follows:

_: If the letter(s) preceding a colon is underlined, then there is an “inflected” falling intonation contour (you can hear the pitch turn downward):

:Bee: In the gy:m? [(hh)
Ava: [Yea:h. Like grou(h)p therapy.Yuh know [half the grou]p thot=
Bee: [ O h : : : . ]˙hh
Ava: we had la:s' term wz there en we[jus' =
Bee: [ 'hh
Ava: = playing arou:nd.
Bee: Uh-fo{oling around.
Ava: [ 'hhh
Ava: Eh-yeah so, some a' the guys who were bedder y'know wen' off by themselves so it wz two girls against this one guy en he's ta:ll.Y'know? [˙hh
Bee: [ Mm hm?
the "Oh:::." in Bee’s second turn has an upward inflection while it is being stretched (even though it ends with falling intonation, as indicated by the period). On the other hand, "ta:ll" at the end of Ava’s last turn is inflected downward ("bends downward," so to speak), over and above its "period intonation."

↑ G.The up and down arrows mark sharper rises or falls in pitch than would be be indicated by combinations of colons and underlining, or may mark a whole shift, or resetting, of the pitch register at which the talk is being produced.

> < H. The combination of "more than" and "less than" symbols indicates that the talk between them is compressed or rushed.

< > Used in the reverse order, they can indicate that a stretch of talk is markedly slowed or drawn out.

< The "less than" symbol by itself indicates that the immediately following talk is "jump-started," i.e., sounds like it starts with a rush.

hhh I. Hearable aspiration is shown where it occurs in the talk by the letter "h" – the more h’s, the more aspiration. The aspiration may represent breathing, laughter, etc.

(hh) If it occurs inside the boundaries of a word, it may be enclosed in parentheses in order to set it apart from the sounds of the word (as in TG, 02:12-13 below).

. hh If the aspiration is an inhalation, it is shown with a dot before it (usually a raised dot).
Some elements of voice quality are marked in these transcripts. A rasping or "creaky" voice quality is indicated with the "#" sign.

Similarly, a "smile voice" – a voice quality which betrays the fact that the speaker is smiling while speaking – is normally indicated with the "£" (or "$") sign.

**Other markings.**

A. Double parentheses are used to mark transcriber's descriptions of events, rather than representations of them. Thus ((cough)), ((sniff)), ((telephone rings)), ((footsteps)), ((whispered)), ((pause)) and the like.

B. When all or part of an utterance is in parentheses, or the speaker identification is, this indicates uncertainty on the transcriber's part, but represents a likely possibility.

Empty parentheses indicate that something is being said, but no hearing (or, in some cases, speaker identification) can be achieved.

C. In some transcript excerpts, two parentheses may be printed, one above the other; these represent alternative hearings of the same strip of talk. In some instances this format cannot be printed, and is replaced by putting the alternative hearings in parentheses, separated by a single oblique or slash, as in
Bee: °(Bu::t.)=/°(Goo:d.)=

Here, the degree marks show that the utterance is very soft. The transcript remains indeterminate between "Bu::t." and "Goo:d." Each is in parentheses and they are separated by a slash.
Appendix B: Transcripts of opening questions and responses

This appendix shows transcripts of the 34 opening questions and responses analysed in chapter 5. They are organised according to the form of opening question asked, with the question highlighted in bold. In some extracts, non-vocal actions and other relevant details are indicated inside double brackets. A * indicates that the extract (or part of the extract) was also presented in chapter 5.

**How are you?**

- **Becky WMC 25th Oct (* extracts 1 and 10 in chapter 5)**

1. Doc: Right. [Hi:
2. Mum: [Candid came|ra now
3. Pat: [Hiya y’alright?
4. Mum: huhuh hi[ya
5. Doc: [Hello.
6. Mum: .HHH uhh
7. (2.0)
8. Doc: Now I can’t find the laː−cos we’ve met
9. befoːre, but I [can’t but I can’t I can’t
10. Pat: [we ave
11. Doc: find the _letter .hh from when _ met
12. befoːre
13. (1.7)
14. which iz uh rather frustrating (problem)
for (me)

[I bin to Cleedon since

Aaa:h. Right.

[So has it gone there?

[O'D’you)

U:im (0.2) shouldn’t uv done, because we
un our suh- own set of notes independent

of Cleedon >but anyway< (.) doesn’t

[Ri:ght.

matter. How are you?

(0.6)

I’m alri:gh, I tri:ed the Xenical

hmm?

.to yo:u,

Okay.

.hh But me docto::r thought differentley

to yo:u,

An he seh and he did it (0.5) gradulee

(1.0)

hmm.

Which at fi:rst there was no effect,

"kay="

=but then when I it three: (0.7)

I couldn’t ave gone to werk.

(.)

Oh really.

(0.3)

Right.[So what did you do?

[Not un

(0.8)
46. Pat: I wuz always on the loo: wun’t [ah?
47. Mum: [“yeah”
48. Pat: .>WEll I’d got me mum,< (. ) that [when it
49. Mum: [Yeah
50. Pat: hit that [time, my mum ud ad a new knee:
51. Mum: [Yeah
52. (0.3)
53. Pat: .hh so I was off werk so I was _lucky,
54. (0.3) but I’ve I ad to come off them.
55. Doc: Ptch Did you go _back down to _two or did
56. you just [stop them entirely?
57. Pat: : hh No I’m jusuh I’ve? not had
58. any. Becus [hh once I’d took the _three,
59. Doc: [right
60. Doc: mm[hm?
61. Pat: [when I went do:wn, (0.3) I was still
62. going a lo:t wasn’t [ah? But they _made
63. Mum: [mmm.
64. me _really _ungrey
65. Doc: mhm. mm
66. Pat: I was _starvin, so I’ve et a lot [mo:re=
67. Mum: [yu-
68. Pat: =.hh I’ve _definitely put _weight on

- Brenda WMC 25th Oct

1. Doc: (”hello there”)  
2. Pat: (!Hello  
3. (. )  
4. Pat: huh
5. (2.0) {{Doc walks into room and is followed by pat}}
6. Doc: Come in. {{makes gesture towards chair}}
7. Pat: hh Thank ↑you:
8. Doc: [Take a seat
9. (2.7) {{patient puts coat and bag on a spare chair and sits down next to the doctor’s desk}}
10. Doc: ↑So:. How’re you?
11. Pat: I’m alri:ght ↑thank ↑you
12. (0.8) {{Doc pulls chair towards his desk}}
13. Doc: Goo:d. {{Doc sits down}}
14. Pat: I think huhHEheheheh .hhh A bit stressed
15. at work bu:t [hey
16. Doc: [Oh dear
17. (.)
18. Doc: Why’s that?
19. Pat: Oh I’ve erm just got a promotion so it’s a
20. [ne:w job
21. Doc: [oh congratula:ions
22. Pat: and it’s like woooooh heheheh=
23. Doc: =("gosh")=
24. Pat: = >I don’t really know what I’m doing< huh
25. Doc: What are you duh- what u you been promoted
to
26. (0.4)
27. 28. Pat: .hh Uhm I work for Job Centre Plu:s
30. Pat: uhm in a benefit delivery centre,
31. Doc: mmm
32. Pat: an:d I wanted to do something
33. different >I wanted to be a job centre
34. manager or something< like that [you know
35. Doc: [mhmhm.
36. Pat: (    ) .hh they stuck ks me in the same
37. place I am no:w so:,
38. Doc: ("Right")
39. Pat: it’s just at a higher grade
40. Doc: Right
41. Pat: But there’s more pressure in the benefits
42. centres than there are on the job centres
43. Doc: .hhh Right.
44. Pat: Ptch heheheh .hh
45. (1.5)
46. Pat: I li:ke the money anyway, ih uhm so: it’s
47. nice
48. (0.7)
49. Pat: I’ve worked for it for a long while
50. (0.7)
51. Doc: .hh In te:rms uv uh:m uh? does this (.)
52. does this mean that you’re busier? U:nd um
53. Pat: Yes.
54. (0.6)
55. Pat: Yeh a lot busi:er [(   )
56. Doc: [So yer spending less
57. time on yourself?
58. Pat: .hh E:ir yes, an:d I’ve ad less ti:me to
59. do: exercise and things like that, un I
60. THi:nk I might have put a little bit of
61. weight on which I’m really ___
62. Doc: "Gosh"
63. Pat: So:
• Damian WMC 8th Nov

1. Pat: Ah good morning [How you going?  
2. Doc: [How you doing  
3. (.)  
4. Doc: Not so bad  
5. (.)  
6. Doc: "Not so bad" nice to see  
7. you as well. Have a seat ((doc and p shake  
    hands, doc gestures to seat))  
8. Doc: ( hello )  
9. Wife: HEllO LOve you alright? oooh  
10. (1.2) ((doc and wife shake hands, patient  
    sits down))  
11. Wife: I’ll old me things  
12. Doc: Welcome back  
13. Pat: uhhh  
14. Doc: Thanks  
15. (1.0) ((wife closes door))  
16. Doc: So: :how are you?  
17. (.) ((doc sits down))  
18. Pat: Ah:: not too bad (.). Just keep going heheh  
19. do:n’t yuh, just (.). keep going. .h Been  
20. going to doctu;h, I ad me  
21. Pat: (don’t put em there duck tch)  
22. (1.7) ((Patient gestures to wife))  
23. Pat: (put em °)  
24. (3.1) ((wife rearranges bags she is  
    carrying and sits down))
E:r been to doctor
(.)
and I ad me blood p- pressure tek
(1.0) took and that lot an I.
Doc: What sort of results huv you been getting there?

- Rupert DOC 14th Nov (*extracts 2 and 5 in chapter 5)

This patient attends alone but a medical student is also in the room.

Doc: Do have a se[at.
[Fi:ally huhuh .HEe
(0.9)
Doc: Sorry for the wait
Not a pro[lem
(0.8)
Doc: We:come ba:ck it’s nice to [see you
[.hhh
Pat: Ahh
(0.4)
Pat: How you doing?
Doc: I’m goo:d “thank you” I’m good. THis is Linda who’s one of our medical students =
Stu: =Hello there
Doc: Would it be alright if she sat in [(  )
[No
Pat: problem
Doc: Do have a seat
(1.4)
Doc: So::: (1.3) How uh you?
Pat: .hhh
22. (1.3)
23. Pat: Okay, (. ) my knee is now ninety five per cent better
24. (0.3)
26. Pat: *er°I’ve avoided having any operations on it, so suh .hh that’s good
27. Doc: *yes°
28. Pat: um .hh I started the swimming
29. (0.4)
30. Doc: Great
31. Pat: .hh I went twice
32. (0.3)
33. Pat: and then I was told by: .hh er °um°
34. the guy at thuh City to stop because both times my knee swelled up
36. Pat: Yeah a:nd he said=
37. Doc: °Okay°
38. Pat: thut what’s proble:y happening wuz it wuz actually over extending,
39. Doc: °Right°
40. Pat: °Right° .hhh so: I’ve stopped that, but I’ve been going to the gym,
41. Doc: Oh great

- **Gwen** DOC 12th Dec (* extract 11 in chapter 5)

1. Doc: °Come in°. Do have a seat.
2. (5.4)
3. Doc: °Welcome° me back.

17
4. (0.6)
5. °Nice to see you°
6. (0.6)
7. Doc: **How are you?**
8. (1.0)
10. Doc: Oh dear. Why’s that
11. Pat: Oh I’ll get my drug list out for a
12. start.

• **Kevin DOC 12th Dec**

1. Doc: Hello misses Britto:n
2. Wife: Thank you
3. Doc: Do have a seat.
4. (2.3)
5. Doc: (Have we [lost him?])
6. Wife: [He is coming somewhere
7. Doc: Oh
8. (0.5)
9. Doc: Here he is
10. Pat: Thank you
11. (0.6) ((P enters room))
12. Doc: ( ) sit yourself down
13. (2.8) ((P moves chair and sits))
14. Pat: .hhhhh
15. (1.3)
16. Doc: Sni:ce to see you again.
17. (0.9) ((doc and p shakes hands))
18. Pat: Nice to see you doctor.
19. (1.3)
20. Doc: And you missus Britton
21. Wife: (And you/Thank you) ((doc and wife shake hands))
22. (2.4)
23. Doc: \textcolor{red}{\textbf{So (.) how are you?}}
24. Pat: ‘hhh err: in meself I’m (0.6) okay
26. (.)
27. Pat: er loads of pain in me ands
28. (0.7)
29. Pat: .hh ( [ ] )
30. Wife: [Still
31. (.)
32. Pat: .hh I’ve er I AD uh this carpal tunnel
33. done,
34. (0.6)
35. Pat: .hhh ptch but it’s made no difference at all
36. (0.7)
37. (.)
38. Doc: ’Okay’
39. Pat: uh ee each and still urts me jus=just the same .hh er (1 4) ptch .hh backs and fronts..hh
41. Pat: Little fingers as well.
42. Doc: Okay I’ll [have a look at them
43. Pat: [ uh in fact I’ve actually
44. (.)‘hh beginning to lose me sense of
touch, hh .hhh becus (0.8)
45. Doc: okay I’D like to examine yer hands in a second [if that’s [alright
50. Pat:        [mm:hm]  [yeah
51. Doc:        .hhh Is there a_thing else which:
52. whichuh which is worrying you at the
53. moment?
54. Pat:  Ptch .hh I’m struggling with muh with muh
55. weight still

- Pam DOC 9th Jan (* extract 12 in chapter 5)

1. Doc:  ↑So how are you? ‘h
2. (0.5)
3. Pat:  I was alri:gh till I got on the scales
4. here
5. (1.1 ) ((researcher leaves room and
closes door))
7. Pat:  Becus a fortnight ago, well I s-it >is
8. about a fortnight ago< a week before
9. Christmas,
10. Doc:  mmhm
11. Pat:  I mean obviously I’m still I mean
12. it’s only coming off in dribs and drabs,
13. but (. ) to get the xenicol, uh (0.6) and
14. then when I stepped on them scales toda(y
15. I thought o:h my goodness:
16. Doc:  Gosh
17. Pat:  They uh-you know? they’re different to
18. what the doctors are
19. Doc:  Did that surprise you?
Damian WMC 31st Jan

The patient and his wife are sitting down. The doctor is standing next to the patient and has just shaken hands with him.

1. Doc: Nice to see you
2. Pat: er And you: You alright?
3. Doc: Yea: h not so bad "not so bad" >misses
4. Brook, < how are [you
5. Wife: [Hello ((shaking hands))
6. . hhhhh hhhhh
7. (0.2) ((doc sits down))
8. Doc: More to the point, how uh you?:
9. (0.5)
10. Pat: E::r not bad hh
11. Wife: uhhhhhh
12. (0.2)
13. Pat: Bin a bit moody, up and down [to be honest
14. Wife: [hee huhuhuh
15. Pat: wih you
16. (0.3)
17. Wife: It’s thuh ti:me of the (. ) year I think.
18. He’s uh
19. (.)
20. Pat: >Thought you were gonna say< time uh the
21. _ month [then (   )
22. Wife: [ehhhhh huh huh
23. Pat: Nah I ave I’ve bin a bit do:wn and that
24. [what since kru like Christmas and
25. Wife: [Yea:::h
26. Pat: [that
27. Wife: [He’s had e:r a referral from fer Cleedon
Brenda WMC 31st Jan

The doctor and patient are sitting down

1. Doc: So, how are you?
2. (.)
3. Pat: I’m fi__ne. U:[m
4. Doc: [°Right.°
5. (1.0)
6. Pat: I think I might uv put a bit of weight on,
8. Pat: Becus
9. Pat: I have bi:n quite stressed at werk,
10. (0.2)
11. Doc: mm [That’s with the promotion?
12. Pat: [( )
13. (0.7)
14. Pat: hh we'll ih (0.3) not only that, I’ve
15. had e:r a few problems wi:th my (.)
16. boss which has caused me: (0.3) stress
17. and when I’m stressed I tend tuh ea:t
18. >tuh which is< very naughty isn’t it

Kevin DOC 13th Feb

1. Pat: How do
2. Doc: Hello:
3. Wife: °Hi°
5. Have a seat.
6. Wife: I’ll shut the door
7. (1.0) ((pat walks towards doc and holds out hand))
8. Doc: Nice to see you ((shaking hands))
9. (1.2)
10. Pat: Very nice to see you again doctor.
11. (1.8) ((pat and wife move towards chairs))
12. Wife: oo:h hhh ((wife sits))
13. (1.1) ((pat sits))
14. Wife: We was debating how far we was down the li:st "huh"
15. Pat: .h hh
16. (0.3)
17. Wife?: uhuhuhuh
18. Doc: Sorry for (the wait,) you know uh I tend to be a bit slow: ((doc sits down))
19. (.)
20. Wife: !No [you need to see everybody properly]
21. Pat: [That’s ( )] alright
22. (.)
23. Wife: Don’t rush
24. Doc: I’m a bit of uh (0.4) kih-I do tend to see people thoroughly rather than quick[ly]
25. Wife: [Well that’s]
27. Wife: ( )
28. (0.2)
33. Doc:  How’re you?
34. (0.5)
35. Pat:  I’m not too bad: thank you.
36. Wife:  He’s not very well let let me tell you
37. Doc:  I see you’re wearing gloves.
38. Pat:  Yeh err: hhh .hhh if I keep them warm,
39. the pain’s less .hh hhh
40. (2.7)
41. Doc:  Okay
42. Pat:  I was taking Gavopentium
43. Doc:  And
44. Pat:  and [er (0.4) fhhhh I think it’s bin
45. effecting me weight loss
46. (0.6)
47. Doc:  as i:n [stopping the weight loss=.
48. Pat:  [(So)
49. Pat:  =yeh ‘hh So: er: I’ve come off
50. Gavopentium
51. Doc:  Gosh >when did you stop that?<
52. Pat:  Er just above a week ago

- Rupert DOC 13th March

The doctor and patient are sitting down

1. Doc:  So how are you?
2. (0.4)
3. Pat:  U:mm ptch (0.6) health wi:se okay,
4. (0.2)
5. Pat:  I think sort uv mentally I’m a bit
6. fed up >I’m Still< unemployed,
7. .hh[h
Doc: [mmm.

Pat: A:h (0.6) mentally not doing me any good

hh

(0.4)

Doc: Sure.

((Doc and pat talk for 40 seconds about pat’s difficulties getting a job))

Doc: Does ih- you know, obviously (1.0) ih

this is demoralising yes in so many ways

Pat: Ye:h mm.

(0.6)

Doc: Um does this kind uh have an impact on how

you: (. ) feel the rest of the time in

terms uv.hh activity and how motivated

you are with (0.2) the rest of life I

guess.

(0.6)

Pat: E:r (0.2) ↑yes und no: becus I (1.2)

yuh obviously you gotta limit certain

things, un financially you can’t do what

you want to any[mo:re

Doc: [Sure.

(0.2)

Pat: E:r

Doc: Cos you used to go swimming three times a

week didn’t you

Pat: Yeh >I duh I< like I say, u:m (0.3) I

stop I stopped the swimming becus I was

having problems with the knee,

Doc: mmmhm

Pat: Like the knee is (0.9) yeh ih I’ve lost
some flexibility with it. [Right.

Doc: [Okay.

Pat: Bu:h (0.8) u:m (0.5) I’ve got a lot more
confidence in it no:w, I bin doing sort uv
various exercises un it’s not collapsing
or anything so=

Doc: =Great. [Great.

Pat: [That’s not a problem

(0.2)

Pat: .hh u::m (0.3) ptch (1.3) unfortunatelee
I’m__ looking after me _mother,
(0.3)

Pat: She’s >sort uh< seventy fi:ve, .hhh she’s
diabetic, (0.2) she’s got some bleeding
behind the _eyes at the moment, so er
vision suh practically __.

Doc: Right

(.)

Pat: So: ptch I’ve had to: sort uh _stop going
to the _gym,

(0.7) ((doc moves chair))

Pat: Cos I:’ve you know had to sort uv look
after e:r, and _things like that

Doc: mmm.

(0.2)

Pat: .hh U:;m (0.6) ptch .hhh bu:h __ everything
e:lse seems to be going okay. mm er

Doc: .hh Cos the __ weight you’ve lo:st is uh
(0.6).hh um well you wuh ninety _seven

point five [(               )

Pat: [Yeah
68. Doc: You were ninety eight point one so,
69. Pat: Yea:h .hhh huhuhuheh
70. (0.3)
71. Pat: One good meal .hhh huh snnn {heh
72. Doc: [Yeah (   )]
73. (    ) um a few
74. (0.2)
75. Pat: Yeh
76. Doc: a few large glasses of [water
77. Pat: [Yep .hh
78. Pat: I DO FEe:l (. ) that I have actually
79. physically lost some weight

• Lucy DOC 23rd March

The patient and her husband have sat down

1. Doc: So::: (1.1) ((doc sits down)
2. How are you?
3. (0.3)
4. Pat: Er I’m fi:ne thank you
5. (0.4)
7. Pat: Uve had it done.
8. (0.9) ((pat holds up sweater, revealing scar on her stomach))
9. Pat: Last wee:k
10. Doc: Great:

   ((doc and pat talk for 1 minute about pat’s gall bladder operation))
11. Doc: So what’s happened to your weight since?
12. cos I don’t have a weight from today "for
13. some reason.
14. Pat: Er wull (.) according to that nur-in the
15. hospital, I’ve lost seven pound
16. (.)
17. Doc: Right.

- Kevin DOC 5th June

The doctor, patient and his wife are all sitting down and have been talking about holidays.

1. Doc: **Suh how are you?**
2. Pat: .hhhh
3. (0.3)
4. Wife: Petch .hh E’s jus said he doesn’t fee:l
5. very we:ll.
6. (0.5)
7. Doc: Okay. In what way?
8. Pat: .hhh e::r I’m ready for something to eat actually
9. (.)
10. 11. Pat: I’ve not >had anything< since breakfast.
12. Doc: Right. .hh As in d’you thi:nk you’re
13. going low?
14. (0.5)
15. Pat: E::r probabley
16. Doc: >D’you want me to check yer?<
17. (.)
19. e::r let’s check yer blood sugars
1. Doc: So: how are you?
2. (.)
3. Pat: .hh Ove:rwelght. hhh
4. (1.5)
5. Pat: Uh:m tch went off on holiday for a week,
6. (1.3)
7. Pat: >bad bo:y<
8. (0.3)
9. Pat: .hhh uh think I put on half a stone in the week
11. (1.4)
12. Pat: I don’t know for certain but, (0.8) .hh hhh (0.5) a case of erm (0.4) tch cooked breakfast every day, un (0.9) alcohol unn evenin me:als
13. Doc: mm?
14. (1.4)
15. Doc: mm.
16. (2.1)
17. Doc: O:kay .hh
18. (.)
19. Doc: how’s the diabetes?
• Pam DOC 12th June

The doctor and patient are sitting down.

1. Doc: So:: how are you?
2. (1.0)
3. Pat: Ah’ve no;t I’ve not bin? (.) I’ve not bin very well
4. 
5. Doc: Really? In [what way
6. Pat: [Yeah. E::r (1.2) bad pains in my legs.
7. (.)
8. 
9. Pat: Bad cramps. Really bad cramps,

• David WMC 13th June (* extract 4 in chapter 5)

1. Doc: How are you?
2. Pat: Not so bad, thanks
3. (1.4) ((Doc sits down))
4. Pat: been BE:ttter but,
6. 

• Becky WMC 13th June

1. Doc: [So how
2. Pat: [How uh you?:
3. Doc: I’m goo:d How uh you?
4. (0.3)
5. Pat: Not very goo:d
6. (0.2)
8. Mum: [( )
9. (0.4)
10. Pat: Well, where do I start? I think they’ve
11. put elastic band in not a gastric?
12. (0.2)
13. Doc: Really?
14. (0.3)
15. Pat: I can eat anything
16. (0.7)
18. (0.4)
19. Pat: Any amount
20. (0.7)
21. Pat: I’m always hungry
22. (0.9)
23. Doc: mmhm?
24. (1.0)
25. Pat: No different

How are you doing?

- Jim WMC 8th Nov (* extract 7 in chapter 5)

1. Doc: ↑Hello:
2. (0.6)
3. Pat: .hh >How’re you today?<
5. Pat: Thanks .hhh Can I sit in this one.
6. Doc: Yes that's fine
7. (.)
8. Doc: Take y’pick
10. (1.9)
11. Pat: uhhhhhhh
12. Doc: Welcome back
13. Pat: Thank [you
14. Doc: [Nice to see you.
15. Pat: Yeh
16. Doc: .hh So:? [how're you doing?]
17. Pat: [O K A : : Y ]
18. (.)
19. Pat: This mor::ning (. I stood on the
20. sca::le, I was just under
21. two .hhh oh six.
22. Doc: Oka:y?
23. Pat: Yup
24. Doc: Last time you came you we::re two one
25. three:? 
26. Pat: Yeh
27. (.)
28. Doc: Two oh six without any clothes
29. on nothing.
30. Doc: And you'd [gone down a couple uv-
31. Pat: [It was just uv
32. Doc: a couple of clothes sizes last time
33. hadn't you?
34. Pat: I'd uh and again
35. Doc: "and again." 
36. Pat: I've I've TH[e::[se
37. Doc: [This is fantastic
38. Pat: are the ones I got last time
39. Doc: Yeah?
40. Pat: and I've gone down (0.4) so I'm now at
41. the magic (. ) sixty fou:r hh(0.5) inch
42. (0.7)
43. Which the catalogue gives me more choice
44. Doc: Fantastic

• Adam DOC 5th June

1. Doc: ↑He↓llo there.
2. Wife: Hello:
3. (0.5) ((Doc walks into the room))
4. Doc: Adam welcome back
5. Pat: Hello ( )
7. (. )
8. Pat: Er not goo:d ((moving to seat))
9. Doc: "Oh dear". Have a seat .hh Everyone
10. ( )
11. Wife: [( ]
12. Doc: [Hi
13. (0.4) ((doc holds out hand to wife, wife walks towards doc))
14. Wife: How are you? [Thank you? ((shaking hands with doc))
15. Doc: [I’m >good thank you< you
16. alright?
17. Wife: Fine thank–well as (0.9) (**wife moves chair towards pat**) 
18. Wife: as fine as to be expected. (**sitting down**) 
19. Doc: Hmm right, This uh, this is Theresa 
20. Doc: who’s one of the medical students [with 
21. Pat: ] [yeah 
22. Doc: us, is it alright if [she sits in with 
23. Pat: ] [yeah no problem 
24. Pat: [yeah 
25. Doc: [us? 
26. (0.9) (**doc moves chair towards desk**) 
27. Doc: So: why uh things suh **terrible** for you. 
28. Pat: .hhh er:mm hhh (.) .hhh (0.9) I’ve put 
29. _weigh_ on un ah? 
30. (1.6) (**doc nods head**) 
31. Pat: Un li:ke .hhh (0.8) I just don’t I don’t 
32. like, I know WHY obviously cos of wha-wha 
33. I’m eatin but .hh hhh oh I’m 
34. jus gu**tted** man. 
35. (0.5) 
36. Pat: .hh Really bad, >wun< she’s done 
37. ba:rmey: absolutely: (0.2) 
38. ballis:tic. 
39. Doc: LEt’s TAke it >one step at a< time. .h 
40. Doc: Before you came in un were weighed today, 
41. _how_ were yuh feeling? 
42. Pat: hhh .hh _bad_. 
43. (0.4) 
44. Doc: _Really?_ 
45. Pat: yea[::h
46. Doc: [Why were you feeling bad before
47. Pat: [COS
48. (0.5) Like I’ve known for like (.). hhh
49. three weeks that ah been putting weight
50. on:
51. (.)
52. Pat: .hh un like (.). I’ve TRI UH (like) .hhh
53. I dunno whether it’s ME: or what? but
54. like I’m EA-for the last (.). what? five
55. weeks?
56. (0.4)
57. Pat: four five weeks uh found it REally
58. Wife: [four or five weeks that e’s
59. Pat: REally.a:rd, =
60. Doc: =Right.=
61. Pat: =tuh li:ke stick to the di::et
62. _everything,
63. Pat: [.hhhh
64. Doc: [Right.
65. Pat: Jus li:ke I .hhh was li:ke hh .hh (0.5)
66. Pat: It schluch (.). I dunno: _everything’s been
67. [gettin me down, jus T0talle:y UTterle:y
68. Wife: [jus the (SIze of things)
69. (.)
70. Wife: just ( )
71. Pat: like I’ve NEver bin so QUi:et
72. Wife: you ave you’ve been do::wn depressed
73. Pat: [puh I don’t know
74. Wife: aven’t yuh
75. Pat: but like Never bin so depreh like .hhh
76. (.) never bin so depreh in me ole
77. life. Is that bad

- **Desmond DOC 5<sup>th</sup> June**

The doctor, patient and his wife are sitting down.

1. Doc: _How you doing?
2. (1.3)
3. Pat: Yeh m’Alright I spose
4. (0.4)
5. Doc: That’s (better isn’t it?)
6. Pat: .h hhh
7. (.)
8. Wife: E’s NO:T
9. Pat: .h hhh
10. (.)
11. Doc: [Do you-
12. Pat: [>Jus get a< bit (. a bit DA:hn un
13. fed up un .hhhh you _know_? Hhhhhhh
14. (.)
15. Can’t see me _getting_ anywhere, you know?

**How’s Life?**

- **Adam DOC 9<sup>th</sup> Jan**

The doctor is standing near his desk. The patient has walked into the room with his son and has pointed to a seat for his son to sit on.

1. Pat: Ye:ah you sit _there_ [loʊˈk
2. Doc: [(Alright) Adam? hhh
3. Pat: (Hi) doctor Lin [(Good to see you again]n
4. Doc: [How’re you doing](0.4)
5. Doc: yea:h you too:. ((both sit down))
6. Pat: er:m? hh
7. Doc: **How’s life?**
8. Pat: .h erm (0.5) .hh ee:r? since last week it
9. Doc: ant bin __ good bu:t, .hh
10. Pat: No: but the last __ month bin absolutely
11. Doc: hasn’t been good?
12. Pat: brilliant. [.hh erm I’ve started seeing
13. Doc: [“okay”
14. Pat: the: .hh dietitian lady now,
15. Doc: Debra? Very thin?

**How are things going?**

- **Timothy WMC 14th March**

The doctor and patient are sitting down.

1. Doc: **So?: (.) How uh **things going?**
2. Pat: u:m Going __ they’re going __. er::m
3. (.) __ I’m not __, I do:n’t
4. think I’ve lost __ if (0.4) much
5. __ .hhh er __ else I’ve
6. seen a __ difference
How are things?

- David WMC 28th Feb

1. Doc: Mister PO: well
2. 0.4)
3. Pat2: (How are you)
4. Pat: >How d’you do?<
5. Doc: Good thank you; Come on in.
6. (1.1)
7. Doc: Nice tuh see you:
8. Pat: And you ((pat walking into the room))
9. (1.3) ((pat moves over to chair))
10. Pat: Thank you:
12. (1.6) ((patt sits down, doc moves over to chair))
13. Doc: So:. how are things?
14. Pat: .hhhh hhh Alright
15. (1.5) ((doc sits down))
16. Pat I cud make a FEw SUggestions like
17. sum OXygen stations along the rou:te
18. (0.2)
19. Doc: You seem a bit brea:thless [even just
20. Pat: [I A:M
21. Doc: (coming in from there?)
22. Pat: Chri:st I’ve cum a long wa:y.
23. (0.6)
24. Doc: .hh An I see your ankles are still quite
25. Doc: [swollen
26. Pat: [Oh: yea:h

How are you feeling?

- Timothy WMC 25th Oct (* extract 6 in chapter 5)

1. Doc: Have a [seat.
2. Pat: [Thank you
3. (3.2) (patient walks over to chair and sits down, doc walks in front of the patient and holds out hand))
4. Doc: Welcome back
5. Pat: Thank you [very much
6. Doc: [nice to see you (shaking hands))
7. Pat: Yes you too
8. (1.0) (doc sits down and pat stands up))
9. Pat: OJus takeo my coat off as well it’s a bit wet
10. uhuhuh ((p taking coat off)
11. Doc: Is it raining [heavily out[side?
12. Pat: [Yea:h. When I
13. was walking up to the bus stop it was
14. raining, so () me coat got a bit soaked
15. bu it’s alright.
16. (1.1)
17. Doc: How’re you feeling?
19. (0.4)
20. Pat: Excellent hh I’m I’m
21. still going to the \underline{gym}, un

22. Doc: You’ve lost \underline{weight} haven’t you?

\textbf{You’re looking well}

- Miriam WMC 8\textsuperscript{th} Nov (* extract 8 in chapter 5)

1. Pat: (Are you alright?)

2. Doc: ___Welcome (\textit{holding out hand to patient})

3. Pat: .hh \underline{Pleased to see yuh} (\textit{shaking hands})


5. (0.4)

6. Doc: \underline{You’re looking very well:}

7. Pat: Yes, I think I’ve done alright since I ___last saw you,

9. Doc: mmm[:].

10. Pat: [.hh Bin (1.3) in contro:1, but u:m .hh

11. I adopted a geriatric \underline{basset hound ence

12. the: (.) [hairs everywhere .hhh

13. Doc: [“huhuh”


15. Pat: [And I’ve managed to tuh \underline{walk him

16. .hh fer an hour at a \underline{snail’s pace twice a

17. day.

18. Doc: Twice a day.

19. (0.2)

20. Doc: \underline{W[ow

21. Pat: [.hh Twice a day.

22. Doc: So that’s an hour each time?

23. Pat: Yeh
The patient has sat down, the doctor is standing by his chair.

1. Doc: *Y’ looking well* ((doc sits))
2. Pat: E::r feeling very well
3. Doc: Good. .hhh Good
4. (0.3)
5. Doc: .hhhh NOW, sincuh (.) you were last here
6. at [kind uf autumn time,
7. Pat: [Yeah
8. Pat: Yes
9. (0.2)
10. Doc: u:m a::nd e:rm since then I kno:w (.)
11. quite a lot’s happened [in terms uf
12. Pat: [Yeh
13. (0.4)
14. Doc: D’you want to run through [things
15. Pat: [.HHH Well

((pat and doc talk for 1 minute about
pat’s visits to GP to get a prescription
for rimonabant and what has happened since
she started taking it))
16. Pat: But when I’ve be:en um on my period
17. of er taking the tbl[e:ts and um (0.8)
18. Doc: [mmm
19. ptch er regular exerci:se, e:r I’ve been
20. losing abou:t a ki:lo a week.
21. (.)
22. Pat: Ish
23. Doc: A_kilo a wee:k fanTAS{tic
24. [.hhh erm I [have
25. Doc: )  ( )
26. Doc: )
27. Pat: _good wuh-I HAVE good weeks, yea:h
28. I have _good weeks an I have _bad weeks,
29. without a _doubt .hh [er:m life’s got a bit
30. Doc: [°sure°
31. Pat: _hectic,

Questions that reference some prior talk or event

• Ian WMC 13th Dec (* extracts 3 and 9 in chapter 5)

1. Pat: [Hello__.
2. Doc: [Alright Mr Graham, _nice to see you again_
3. (0.6)
4. Pat: Yes _hhh
5. (0.4)
6. Doc: _Welcome ba:ck
7. Pat: Yeh _hhh long ti:me, _seems a long
9. (0.8)
10. Doc: So how uv things _bin _since (. ) last time
11. you came?
12. Pat: U:mm (.) I’ve put _weight on, cos I’ve bin
13. _inactive
14. (.)
15. Pat: cos I’ve ad [me knee done.
16. Doc: [the knee
17. (0.7)
19. Pat: But um (0.2) hopefully (0.7) I shouldn’t be getting a gastric band in
20. February, (.)
22. Pat: that’s what I’m working towards.
24. Pat: Spoke to professor’s secretary yesterday,
25. and uh .hh she’s goin tuh have words with
26. him and see now NOW that’s all clear,
27. they can=
28. Doc: =mm_hm=:=
29. =start looking at that one.
30. Doc: .hh Can I just kind of clarify a few
31. things for my sake? .hh um (.) so the: uh
32. when was the knee operation?

- Atif DOC 8th May
The doctor and patient are sitting down.

1. Doc: No:thun, you suhhh you said out the:re
2. .hh thu:it I: was going to te:ll you
3. o:ff, I hope I wouldn’t tell you off Atif
4. (.)
5. Pat: uhh .hh e::r hhh uh well when
6. I looked at the scale I thought
7. uh oh
8. (0.3)
10. Pat: And er I have bin try:ing >everything you
said< in the last e:r .hhh e::r hhhh last
what?last .hh discussion ( )
[Three four
mo:nths ago?
Yea:h in December .hh and e:r I have been
trying i:t but=
=Great.
hh hah I I I don’t know what’s going o:n

- Damian WMC 28th May

Before the transcript begins, the doctor goes outside the room to greet
the patient, there is some talk about the patient’s wife and why she is
not attending today. Then the doctor and patient enter the room.
Patient is carrying a letter and another piece of paper in his hand.

1. Doc: We:lcome back
(0.3)
2. Pat: And you. How you [keeping?
3. Doc: ( )
4. Doc: Yea:h not so bad thanks ( )
5. Pat: ( )
6. (0.4) ((Doc closes door))
7. Pat: uhhh “sit down” ((pat moves over to chair
and sits))
8. Doc: Now things are:: uh mo:v ing ((doc sits))
9. Pat: Yeah ah wull ju:s (0.3) that’s the letter
10. ( ) ((hands letter to doc))
12. Pat: e:r I [brought all my medications ( )
13. Doc: ( )
15. Pat: tuh need any
16. Doc: I think
17. Pat: that un
18. Doc: Professor Reedy sent me a copy
19. Pat: Oh did ee
20. Doc: oo: h no no. That’s different
21. (1.1) (doc reads letter)
22. Doc: .hhh
23. (0.8)
25. (1.8) (doc looks at both sides of letter)
27. (0.2)
29. (.)
30. Pat: Yeah brilliant.
31. (0.6)
32. Pat: En then still the medication
33. and all that lot, so (pat hands list to doc)
34. Doc: >Un how you feeling in< yourself?
35. Pat: e::r. Great actually.
36. (.)
37. Pat: Great.

• Ian WMC 13th June

1. Doc: So[:
2. Pat: [Thank you
3. (0.5) (doc moves towards chair)
4. Doc: you were last here a little while back,

((doc sits down))

5. wasn’t it

6.

(0.2)

7. Pat: YEa I can’t remember when it was but [e:r

8. Doc: [mmm

9. yes (0.2) a while ago.=[Jus saying I’ve

10. Doc: [(   )

11. Pat: ad me operation,

12. Doc: Yes, in February wasn’t it

13. Pat: Yeh

14. Doc: Good. And how did that go?

15. (0.5)

16. Pat: Oh the operation went fine

17. mmhm.

18. Pat: uu:m (1.2) think I’ve got aboutuh (0.6)

19. two:: (1.0) two un three quarter

20. pounds to go for four stone.

21. (0.3)

22. on my scales


More than one possible opening question

- David WMC 8th November

1. Doc: Come in Mister Powell. Have a [seat ((doc

   standing by door and gesturing to chair))

2. Pat: [kyou:
3. (3.3) ((patient walks over to his chair and sits down, doc turns to patient and holds out hand))


5. Pat: .hhh hh

6. (0.5) ((shaking hands))

7. Pat: >How d’you do?<

8. Doc: How are [you?]

9. Pat: [This can’t be right, you know,

10. Doc: Why’s that?

11. Pat: You give us fatties the:se bluddy chairs

12. [with a:rms,

13. Doc: [huhuhuh sorry do move (               )

14. Pat: and you have one without arms.

15. Doc: heheheh.hh [Do you want to move

16. Pat: [aah

17. Doc: across [here?

18. Pat: [No:: yer

19. alri:ght

20. (1.5) ((patient arranges some pieces of paper in is hand))

21. Pat: .hhh hhh

22. Pat: You’ll wahnt (1.0) that I belie:ve

((handing paper to doctor))

23. Doc: Oo::h excellent.

24. (0.7)

25. Pat: .hh

26. (0.2)

27. Doc: This is organi:sed

28. (0.5) ((doc copies information from paper into his notes))
29. Pat: .hhh
30. (0.8)
31. Doc: Wish everyone did this
32. Pat: ahhh well
33. (1.9) ((doc continues writing down))
34. Pat: .hhh hhh
35. (1.5) ((doc continues writing down))
36. Pat: HHH
37. (3.7) ((doc continues writing down))
38. Doc: oka:y
39. (0.8)
40. Pat: Good
41. (1.4)
42. Doc: Thank you
43. (2.9) ((doc hands paper back to patient))
44. Doc: So what’s happened since the last time I saw you?
45. (1.3)
46. Pat: I can’t remember to be honest. uh hhh
47. .hhh I’ve been to Cleedon to see: .hh hh
48. is it professor Major? [there
49. Doc: [(mmhm]
50. Doc: What did you think?
51. Pat: He concentrated the mind wonderfley. I mean ee started talking about surgery
52. and gastric bands .hhh an I started losing weight.
53. (0.3)
54. Doc: Great.
55. Pat: .hhh u:mm at the moment I feel bloated
56. I seem to (.). hh I seem to be
60. retaining fluid or something.

- Becky WMC 10th Jan

The doctor, patient and her mother are all sitting down

1. Doc: So how are you?
2. Pat: I’m alright.
3. (0.3)
4. Doc: Good
5. (0.3)
6. Doc: How’ve things bin since the last time you were here?
7. (0.8)
8. Pat: E::r (0.6) okay.
9. (0.7)
10. Pat: Can’t wait to get on the scales,
11. (0.6)
12. Doc: (((Okay)))
13. Pat: [Cos I’ve ad me op
14. (0.5)
15. Doc: O:;h I hadn’t heard that .hh (>sorry I know I know< I’d written, I hadn’t
16. (0.3)
17. Pat: Last wee:k
18. (0.2)
19. Doc: O:;h
20. Pat: [Last Wednesday
21. (1.0)
22. Doc: Fantastic
23. (0.7)
24. Doc: How’s it feel?
27. (0.4)
29. (0.3)
30. Pat: Feel fine.
31. (0.5)
32. Pat: Bit uh PAin obviously bu:it (0.8)
33. other thun that, yea:h it was o:kay.
34. Doc: So new year new sta:rt.
35. Pat: Yea:h. Can’t wai:t. Can’t wait to get on
36. them scales.

- Atif DOC 12th Dec

Before the talk begins, the doctor is standing by his chair, the patient is moving to the front of his chair.

1. Doc: Hello:. You’re looking we:ll
2. (0.6) ((patients nods head))
3. Pat: (Thank you)
4. Doc: How’re you feeling ((patient and doctor sit down))
5. (0.4) ((Patient turns to door where researcher is leaving the room, then back to look at the doctor))
6. Pat: I fee:1 (. ) feel goo:d
7. Doc: "goo:d" "goo:d" .hh how’ve things bin since
8. the last time you were here?
9. (. )
10. Pat: .hh u:mm yeh ;yeh bin fi:ne, uh a liddle
11. hectic, cos last I wuz here it was .hh e:r
12. it wuz the SEcond DAy of Ramadan,
14. (.)
15. Doc: _[Right (.) good
16. Pat: _[So: uk
17. Doc: "Yes"
18. (.)
19. Pat: So ye:ah we spent a month un un (.)
20. "yuh know? "
21. (1.1)
22. Doc: _hh _So (.) in te_rms of thin:gs (.) in
23. terms of how things _uv __changed, um any
24. any? _changes you’ve managed?
25. Pat: _h _um er: I _haven’t done—been going OUT
26. for walks, but what I’ve been _doin
27. is er _hh (.) uh wa:ling on the _spot?
28. Doc: _okay".
29. Pat: Is that? any good?
30. (0.3)
31. Doc: Umm::: _ho: w _much walking on the spot.—
32. >[have you got a pedo_meter?<
33. Pat: _[er:
34. Pat: I _don have a pedo_meter but I _I—
35. what I’ve bin doing is like .hh maybe half
36. hour in the _morning half hour in the
37. _evening so:rt uv thing,

• Linda WMC 28th May

1. Doc: _Good
2. (0.5)
3. Doc: .hhhhh _So:, _it’s bin a little< while
4. [since we met up?
5. Pat: [.hhh
6. Pat: Ih it has yes
7. Doc: ptch Cos this was befo:re Cleedon wasn’t it
8. 
9. Pat: Ih? yea:h ye:s I had the procedure done
10. in Cleedon,
11. Doc: mmm?
12. (0.2)
13. Pat: e:r in November
14. Doc: November was it? ( [ )
15. Pat: [e:r yes u:rm I actually went back, cos they’ve not
16. _inflated it or anything yet, .hhh but
17. >when I ba:ck< to flate it, it ud flipped
18. over so its still side up .hhh so: I’m
19. actually e::r going in fe:r (0.6) a day,
20. (.). hh e:rm jus to: (0.3) so that
21. they cu:n jus do a little nick un
22. (0.3) in (0.3) flip it back over
23. (.)
24. Doc: m[mm.
25. Pat: [the other way
27. (0.3)
28. Pat: u:n then see ho:w I go from the:re.
30. (1.4)
31. Doc: And when when are you due for that?
Appendix C: Transcripts of crediting turns

This appendix shows transcripts of the 35 crediting turns from the doctor analysed in chapter 6. They are organised in terms of the patient’s response. Verbal responses are highlighted in bold. In some extracts non-vocal actions and other relevant information are noted in double brackets. Transcripts that were presented in chapter 6 are marked with *. The final, extra, transcript is an example of crediting turns made during the doctor’s letter dictations, which were not included in the analysis.

Standalone agreements

- Miriam WMC 8th Nov

1. Doc: One >of the things< which I’m quite
2. (.I’d be quite (. cos I think
3. >you’re doing really well< an I [suspect
4. Pat:                   [yeah
5. Doc: you’re blood pressure’s (. .hh
6. well it’s lower than it was before,

- Miriam WMC 8th Nov

1. Doc: .hh The o_ther thing thu:t (0.2) SO I
2. think that’suh [I think you’re doing ]
3. Pat:                     [Yea:h it’s (still good))
4. Doc: really well,
5. Pat: _Yea[:h
6. Doc: [Actually >let me do< the _letter on
7. that
8. (0.4) ((doc reaches for Dictaphone))
10. Pat: Do wha:h?
11. Doc: Let me jus do a quick letter on you
   ((Doc dictates letter then asks pat whether she would be interested in being
     involved in a patient support group))

- Pam DOC 9th Jan (*extract 13 in chapter 6)

1. Pat: I’m not scared to go in places like that
2. any more
3. (0.6)
4. Pat: That’s[tha’ts another tick for me bo:x,
5. Doc: [([^  ])]
6. Pat: you kno:w
7. Doc: We’ll done
8. (0.5)
9. Pat: Yeh
10. Doc: .hhh U:in whuh-whch gym is it you go to?

- Rupert DOC 13th March

1. Doc: Tch So: I THi:nk you’ve actually done
2. really well, becu: yuhv actually got a
3. number uv (0.3) number of the steps sorted
4. out already,
5. Pat: Ri:ght.
1. Pat: But with foo:d, (0.5) an I’m in contro:l .hh an as soon as you break that contro:l then you kind of get on the__ (0.5) rollercoaster
2. (0.8)
3. Doc: [Ptch
4. Pat: [Buh
5. (0.4)
6. Doc: But actually wuh-one of the things which __strikes me is thut .hh when you:’ve when you’ve actually __fallen off (.) you cun actually get __straight back on again.
7. (0.6)
8. Pat: ___mmm.

---

1. Doc: But _basically you’ve been coming [do:wn
2. Pat: [Yea:h
3. ri:ght
4. (.)
5. Doc: [So:: I think you’ve bin doing very _we:ll
6. Pat: [That’s _good
7. Pat: Ye:s
Miriam WMC 28th May

1. Doc: I have to say (.) from my point of view
2. hh u:mm you continually (1.0) are hitting
3. all the targets,
4. (.)
5. Doc: [you’re continually
6. Pat: [Yea:h
7. Doc: doing very well. Bang [bang bang bang yuh
8. Pat: [Yea:h
9. Doc: going down all the time.
10. (.)
11. Doc: That’s great
12. Pat: mmhm

Agreement + other action

Timothy WMC 25th Oct

1. Doc: A hundred and thirty eight, we’ll done
2. (0.5)
3. Doc: Have a seat.
4. Pat: “Yeh” fou:r kilograms
5. (3.0)
6. Pat: I’m quite chuffed with that ehuh huh huh
7. Doc: It’s very good actually
• **Miriam WMC 8th Nov**

1. Pat: (Are you alright?)
2. Doc: **Welcome ((holding out hand to patient))**
3. Pat: .hh **Pleased to see yuh ((shaking hands))**
4. Doc: You **too ((smile voice)) you too.**
5. (0.4)
6. Doc: You’re looking very well:
7. Pat: **Yes, I think I’ve done alright since I last saw you,**
8.  
9. Doc: mmm[:].
10. Pat: [.hh Bin (1.3) in control, but um]
11.   .hh I adopted a geriatric basset hound
12.   once the: (.)[hairs everywhere .hhh
13. Doc: "huhuh"
15. Pat: [And I’ve managed to tuh walk him
16.   .hh fer an hour at a snail’s pace twice a
17.   day.
18. Doc: Twice a day.

• **Jim WMC 8th Nov** (*extract 16 in chapter 6*)

1. Doc: mm:hm.
2. Pat: and then yuh yuh you’ve made a
3. change un yuh jus cut that out,
4. (0.6)
5. Pat: und then ih it comes back
6.   down again, and then it seems
7.   tuh come back und then
8. come back down a bit more.
9. Doc: I thu I thi:nk (0.4) y’know
10. listening to yer own body like
11. you’re obviously doing, is
12. act[ually the ke:yl here.
13. Pat: [Ye:h
14. Pat: Yeah yeah. "I mean" it’s it’s er and
15. then thuh uz say uhm (1.0)
16. my pedal machine I just broke [it
17. Doc: [Oh yea:h
18. Pat: had to go an buy a ne:w one=
19. Doc: =Where do you buy those from?

• David WMC 8th Nov (* extract 3 in chapter 6)

1. Pat: "Wus? (. I’ve bi:n constipated fer ‘hhh
   ((pat tucking in shirt))
2. the last couple uh days, ah bin in real
   ((pat tucking in shirt))
3. PA;in: with? .hhh I got a pain in the
4. si:de here
   ((pat puts hand on one hip))
5. (1.0) ((pat reaches down to zip on
   trousers))
6. Pat: >You don’t think?< hh ‘hhh that’s
7. anything ((pat zips up trousers))
8. thu to do with these tablets do you?
   ((pat secures zip and top of trousers))
9. (1.1) ((pat turns towards chair
   behind him))
10. Doc: ‘hh Well A:CTually nohs—that’s not quite
11. true:, 'h very RAREly ruh-ramipril can:
12. cause that, but it’s pretty unusua:
13. (1.2)
14. Pat: .hh ri::gh
15. (.)
16. Pat: [Well
17. Doc: [Buh (.) >if I were you< I’d carry on
18. taking them, un take [some laxative
19. Pat: [mmh::m. ((pat turns
towards doc))
20. Doc: [( ]
21. Pat: [We'll I ] __ took some lactilose az well,
22. so:
23. Doc: Sensible thing
((doc opens door))
24. Pat: OKa:y, thank you very much
((pat walks through door))
25. Doc: Take care
26. Pat: [cheerio
27. Doc: [Bye bye

- Gwen DOC 12th Dec

1. Pat: I jus feel as though I’m gettin newhe:re
3. (0.7)
4. Doc: .hhh Wu:ll (0.3) hhh I do:n’t think
5. that’s quite tru:e. in thu:t [.hh yer
6. Pat: [>No I know<
7. Doc: diabetes is getting better, .hhh the:
8. (0.3) you know this horrible rash, [this
9. Pat: [mmm
10. Doc: ih itchy rash you have here from the .hh
11. hi:gh tryglicerides in the bloodstream,
12. .hhh er has (.) gone away
13. (.)
14. Doc: with the right tablets .hh you know un
15. I thi:nk I think actually you’re
16. making quite good pro:gress
17. Pat: Yeah
18. Doc: .hh um
19. (0.4)
20. Pat: I fee:l a bit bet:ter we’ve bi:n un (0.7)
21. you sort uh said about me results toda:y

- Adam DOC 9th Jan

1. Doc: You’re in contro:1 [he:re, You can do uh
2. Pat: [.hh
3. Doc: a [lot about this.
4. Pat: [Yeah
5. Pat: .hh Yeh it’s just ( )
6. Doc: issuh I know it’s miserable,
7. (0.6)
8. Doc: buh (0.6) I think you can get so:rted.
9. Pat: .HHH Yeah
10. (1.6)
11. Doc: Coz I belie:ved in you when you [first
12. Pat: [.hhh
13. Doc: ca:me
14. Pat: YEah
15. (0.5)
16. Doc: An I still do
17. Pat: .hh righuh now doctoruh Lin..hh suh
18. Loveleh
19. (0.5)
20. Pat: .hhh

- David WMC 28th Feb

1. Pat: So that’s when I went and bought
2. me own scales.
3. Doc: No that’s quite a clever way of doing
4. it e:r ( )
5. (.)
6. Pat: mhm:m. THANk you very much

- Timothy WMC 14th March (* extract 7 in chapter 6)

1. Doc: Okay, so: I don’t think I’ve got
2. anything else to change un I: cos I think
3. you are doing so well,
4. Pat: Okay (thank you)
5. Doc: it’s terrific .hhhh
6. (1.0)
7. Doc: At this point in time normally what I’d
8. do is say right here’s a piece of paper,
9. let’s see you in so many months.
10. Pat: mhmhm
• **Timothy WMC 14th March** (*extract 15 in chapter 6*)

1. Doc: You know the actual bulk of muscle there as well as bulk there=
2. Pat: mm[h:m].
3. Doc: [You know you .hh the muscles uh buh-
4. 5. beginning to show through the:[re.
6. Pat: [Yeah
7. I can definite and ah cun actually LIf't my
8. own WEight now, .hh lifting myself u:p
9. over a (.) a chin on thing. [so
10. Doc: [“Can’t do
11. Doc: thahhht”“huh [(“excellent”“
12. Pat: [ehuh huh
14. Pat: Yea:h [I I’m working at it, it was hard to
15. Doc: [ ( )
16. Pat: begin with, but you know you keep pushing
17. at it, yuh know your body adapts to it
18. so:=
19. Doc: =Yeh

• **Linda WMC 28th May**

1. Pat: Thank you for telling me all this
2. [TI:me.
3. Doc: [No no:. I’m just REally pleased thut (.)
4. >you know< that (.) progress huz
5. bin ma:de, .hhh [you: know yuh-your new
6. Pat: [An I’m on the ri:ght
7. Doc: look's great,
8. Pat: Yeahuh and I'm on the right I'm on the right track.
9. (0.6)
10. Doc: Buh bye Linda
11. Pat: Okay, thank you very much.

Reformulations

- Gwen DOC 12th Dec

The patient has been saying that she finds it difficult to monitor her medication in response to her blood sugar readings.

1. Doc: A: h you’re doing very well you know,
2. um don’ (.) think you need to give
3. yourself uh bit more uh credit.
4. (0.3)
5. Pat: Cos I was terrible uh with it first few
da:ys,

- Pam DOC 9th Jan (* extract 6 in chapter 6)

1. Doc: But you do loo:k,
2. (0.6)
3. Doc: [a lot better
4. ((door makes loud slamming noise))
5. Pat: ¨huuhuh¨
6. Doc: ¨a lot better¨
7. (0.5
8. Pat: hhhh
9. (0.3)
11. Pat: I do feel? (1.0) I been feeling better
12. (0.2)
14. Pat: Like I suh-bit more energy, ye:h
15. (1.5)
16. Pat: More get up un go: "huuhu heheh ,hhhh
17. Doc: I’d like you to:, hand this in to
18. reception, I’d like to to see [you again
19. in four months

- **Julie WMC 13th June** (* extract 17 in chapter 6)

The patient has just sat down, the doctor is in process of sitting as he speaks. Start of consultation.

1. Doc: Y’ looking well
2. Pat: E: r feeling very well

**Further talk with no assessment made**

- **Miriam WMC 8th Nov**

1. Doc: WO:w, that’s a massive loss, Miriam.
2. (1.7)
3. Doc: Good grie:f (0.4) [right.
4. Pat: [How much?
5. (0.8)
6. Doc: Uhm (0.5) thirteen ki:ograms.
7. (0.3)
The patient has been talking about the long wait for surgery. The doctor has replied that the surgeons need to assess each patient carefully.

- **Damian WMC 31st Jan**

The patient has been talking about the long wait for surgery. The doctor has replied that the surgeons need to assess each patient carefully.
Responses referencing different prior knowledge/assessment

- **Julie WMC 13th June** (* extract 2 in chapter 6)

  The patient is standing on the scales. The doctor stands behind her looking at the weight display.

  1. Doc: We’ll done. Excellent.
  2. (0.7)
  3. Doc: [Thah
  4. Pat: [That’s lighter than mine.

- **David WMC 13th June** (* extract 20 in chapter 6)

  The patient is standing on the scales.

  1. Pat: Whoosh yes
  2. Doc: Hundred and ninety nine, under
  3. two hundred, fantastic
  4. (2.5)
  5. Doc: Well done
  6. Pat: hhh
  7. (1.5)
  8. Pat: To he honest I thought it ud of gone up
Question

- **Miriam WMC 28th May**

1. Doc: Ptch ano:ther four kilograms down
2. (0.4)
3. Doc: We:ll do:ne that’s twenty four kilograms
4. (0.8)
5. Pat: What’s four kilograms when yuh?
6. Doc: Er:m there uh two point two pounds per
7. kilogram so that’s uh about half a stone
8. [then.]
9. Pat: [o:h ri_:ght.]
10. (0.6)
11. Pat: Thut’s not bad fer this time of day is it?
12. (.)
13. Doc: It’s (very) goo:d
14. (0.3)
15. Pat: Yeh
16. Doc: "Very good indeed"

**No talk**

- **Jim WMC 8th Nov**

The patient has been talking about his diet routine.

1. Doc: Then you’re doing it JUst the
2. _right way, .hh thuh the proble:m
3. with losing (0.5) lih-larger
4. amounts of weight ( [ ] )
Towards the end of the consultation, the doctor, patient and her mother are all standing. The patient has been showing the doctor her scar from her recent bariatric surgery.

Becky WMC 9th Jan

1. Doc: Ptch GOod stuff
2. (0.3)
3. Doc: Well done
4. Pat: hh I’ve gone down on them ((Pat’s gaze towards mum))
5. Mum: yuh
6. (0.6)
7. Doc: I sus(pect you’ll uv gone down
8. Mum: [See you din’t think you would have
9. (]
10. Doc: [a lot more >by the next time< you come.
11. (1.9)
1. Doc: How are you then?
2. Pat: I’m very well, thank you.

3. Doc: mm::hmm.
4. (0.3)

6. (0.4)
Continuation of prior talk/topic

- **Becky WMC 25th Oct**
  At the end of the consultation, the patient and her mother have been talking about how they enjoy coming to the clinic.

  1. Pat:  It’s nice to have somebody that
  2. (0.2) believes in you
  3. (1.0) ((pat reaches for coat))
  4. Mum:  ( )
  5. (0.5) ((pat puts on coat))
  6. Pat:  Listens and actually does something
  7. Doc:  > But I think you’re going to do very well.
  8. Pat:  Because my [doctor’s] hhh one of my
  9. Doc:  ( )
  10. Pat:  doctors (. ) just kept telling me that I
  11.      wuz alright.

- **Jim WMC 8th Nov**
  The doctor and patient have been talking about the patient’s continued weight loss success.

  1. Doc:  So what I’d normally be
  2.     saying now, is ooh weight loss
  3.     >blah ‘blah blah’< but you know
  4.     you’ve got all that nailed
  5.     anyway.
  6. Pat:  . hhhhh (. ) WHAT I DID
  7.     notice, (. ) I mean I’m down,
  8.     I was just under two
  9.     oh six today,
• Pam DOC 9th Jan (* extract 1 in chapter 6)

1. Doc: Do you feel that you’ve lost weight?
2. Pat: Yes
3. (0.2)
5. (0.6)
6. Pat: Yes.
7. (.)
8. Pat: Well I pu-ONe thi_ing I’m trousers
9. Doc: mm:m.
10. (.)
11. Pat: Don’t usually wear trousers, and it is a
12. si:ze down,
13. (0.2)
14. Doc: well do[ne
15. Pat: [from me dress so: (0.6)
16. something’s apning I min >some uh me
17. _clo:thes< I mean I’ve ad to ave them (0.8)
18. stitched you know somebody’s >ad to tek
19. the _sides< cos they jus (. com_o:ff
20. they’ll just cum? so I kno:w _something’s
21. appning,
22. Doc: yah
New sequence/topic

• Jim WMC 8th Nov (* extract 7 in chapter 6)

1. Pat: We have a meal.
2. (.)
3. Pat: The wife's retired now
4. same as meself, so we have one meal
5. (1.1)
6. around about twelve o'clock
7. (0.7)
8. Pat: tt if we have anything else about
9. four o'clock it'll
10. be a bowl of soup or (. ) some fruit or
11. something.
12. (1.2)
13. Doc: tt [All I can say is
14. Pat: [so
15. (1.3)
16. Pat: I-It's=
17. Doc: =the: the: proof of the pudding [as you
18. Pat: [yeah
19. Doc: say=
20. Pat: =yeah=
The patient talks about the list of his medications he has brought to the consultation with him.

**Acceptance/appreciation**

- **Atif DOC 12th Dec** (* extract 4 in chapter 6)

  1. Doc: Hello::1. You’re looking well
  2. (0.6) ((patients nods head))
  3. Pat: Thank you
  4. Doc: How’re you feeling ((patient and doctor sit down))
• **Timothy WMC 14th March**

1. Doc:  .hh Cos I would say thut y’know
2.    if this clinic was carrying on I
3.    would actually (.d) decrease
4.    your frequency to six months cos
5.  Pat: [°Right°]
6.    [I think you’re doing ___ incredibly well.]
7.  Pat:  O:h thank you.

• **Ian WMC 13th June** (* extract 10 in chapter 6*)

1. Doc:  [LOVely tuh see you
2.  Pat:   [(Anyway)
3.  Doc:  [Congratulations on doing so well.
4.  Pat:   [>Thank you very much<
5.  Pat:    Right.
7.  Pat:    Ha how much d’you say? Twenty four
8.        kilograms?
9.  Doc:    Er: you were a hundred and forty now
10.        you’re a hundred and sixteen
11.        (1.1)
13. (.)

↓

14. Pat: Thank you very much

15. Doc: Buh bye then.

**Crediting turn during letter dictation**

- Linda 28th May

1. Doc: Nevertheless I think that the fact

2. thut Linda has lost over two stones

3. in weight is a testament

4. to how well she has done. full

5. stop
Appendix D: Transcripts of treatment discussions

This appendix presents the full transcripts of the two treatment discussions analysed in chapter 7. It also includes extract 1a, referred to in the chapter.

- **Extract 1: Brenda WMC Jan 31st**

1. Doc: Right. So I guess uh (0.4) I guess uh (0.8) whuh
2. (0.6) from your point of view what
3. (0.9) where do you see we go from here:
4. Pat: .hhhh
5. (0.2)
6. Pat: E:rm I ca:n’t (0.3) ahm (.) really
7. happy about going to see: (0.5) the
8. nutrition[ist, to have a
9. Doc: [°Debra°]
10. Pat: look at .hh what my diet i:s, to see
11. where I’m actually going wrong [becus .hh
12. Doc: [°okay°]
13. Pat: I don’t eat >a lot uh< dairy products, I
14. don’t li:ke them,
15. Doc: mhm
16. Pat: so I tend to ea:t quite a lot ov protein,
18. Pat: a:nd a lot uh veg, no:w whether I ave
19. tuh uh alter the [way I do] that, I don’t
20. Doc: [°Okay°]
22. Doc: Ptch .h well obviously yer very ac:ti:ve:
23. which is >you know< a very good start un
24. it’s >one of the things< Debra’ll talk to
25. you about as [we:ll, .hhh and then
26. Pat: [Yeah
27. Debra’s actua:le:y (0.4) she’s first rate,
28. Doc: >she’s very< good .hh and
29. Pat: [Right
30. Doc: [so u:m .hh
31. (1.1)
32. Doc: I que:ss (0.7) ptch a:nd and
33. she’ll go over things in detail and talk
about portion sizes and amounts and so on

[Right. Yeah]

[.hhh U:m so:: I’m sure that’ll help revitalise things .h is there anything else which you’ve kind uh had a (.)

e:else which you’ve kind uh had a (.)

think about, anything else which i:s .hh

any other wayz you cun think u:f (.) in terms u:y .hhh uh ways forward here?

[.HHH I mean the last time I came in you were talking about the gastric band,

mm:hm: yes

I mean I’ve had a think about that, an I wuz quite interested tu:h (0.4) listen

to the: gentleman which was just before

hhuh

[me:

[Rihght.

.hhh so that was quite intresting,

so:

[mhm

I’m still thinking >about that one at the moment, I want tuh< see[:: where I go:

[Kay]

from changing my diet o:r (what ave [you)

[Kay

(0.7)

before I mu-I make a final decision on that one.

Okay. °
Doc: So there’z a bit uf cha:nt (0.3) wuh goes on outside is [there
Pat: [.E:h oh yeah ehuhuhuhuh
you ave to don’t yuh huhuh .hhh find out where you’re going wrong huhh
(3.6)
Doc: PTch okay. .hhh U:m (0.5) from my point of view I guessuh (.u:m (0.6)
you knu: it sounds as if wuh we’re getting the basic buh the basic
building blocks are falling .hh into pl:asuh
(.
Doc: sort uf thing in terms of .hh uh "fuh" in terms of um you seeing "uh"
you’re seeing Debra Smith very soo:n, .hh there’s the issues about the: u:m there’s the the issues about the activity which
( ) you’re going to head up back towards three hours [a week .hhhh
Pat: [Yeah
the:n (0.4) the next layer above that issin terms of medicatio:n .h sibutramine is a relatively recent change, .hh um there are other drugs ou there:re now,[which we can
Pat: [Right.
Doc: u:se .hh u:m fer example there’z umptch there uh Three drugs on the market, sibutramine’s just one uf them .hh
the other two: there’s one called orlistat >which I think you’ve tried in the past< the xenical?

Pat: Yes [(yes I have)

Doc: [Which caused problems with your

bowels [I think >from what I remember<

Pat: [Yes

Doc: .hhh a:nd the: oth:er (.) TH:ird (0.3)

drug that’s out there is only a relatively recently released one called acco:mplia or rimonabant .hh[hh

Pat: [Ri:ght.

Doc: Un what thah? (0.3) er un th:at .hhh erm

decreases your weight: (.) the: u:pside
to it >is thut its< reasonably effective,

the downside to it .hh is that it can cause depressio:n and it can cause

anxiety.

Pat: Ri:ght.

Doc: Okay

Doc: [Is that an issue for you?

Pat: [(

Pat: .hh Not rea:llly no.

Doc: O[kay

Pat: [No

Doc: .hh So (0.6) if you: said tuh me uh >I I

I don’t think we need to change it at the moment as you’ve only bin on this dose of

sibutramine< uh for a couple of months,=

Pat: =Yeah=

Doc: =.hh but if you did say tuh me well
actually, you know I've levelled out: I'm not making any difference. Uh um I've had enough of the sibutramine I'd go yeh I think that's very reasonable. Uh cos of the three drugs the one uh about which doctors are generally most cautious is the sibutramine because of the effect on the blood pressure and so on.

Pat: Right.

(.)

Pat: Yeh

Doc: whereas the: (0.3) side effects of the other two: they're not pleasant but the: y (. ) disappear.

Pat: Yeah

Doc: It's not gonna (suh ) uh .hh (0.6)

But they're not particularly serious the side effects.

Pat: Oka:y yea:h

Doc: Ptch °okay°

Pat: Ye:h something to conside:r

(0.9)

Pat: YEa:h

(5.4)

Doc: °Okay.

(0.3)

Doc: Goo:d

(2.0)

Doc: °Ptch° anything else you wanted to ask?

Pat: °Ptch° .hhh erm? (. ) Not really no: oh uh?
I mean I > jus wanted to know<

thu:t everything Was going

we:i,ll, [Buh I’m quite

[Mmhm.

disappointed that I have put the weight

on, cos I th[ink if I’d uh

[mm?

come just before Christmas,=

=mhm.

.hh I would ave lost we:i::ght.
Extract 1a: Atif DOC 8th May

1. Doc: Okay. Um
2. (0.8)
3. Doc: Ptck
4. (0.8)
5. Doc: No:w, hh
6. (1.8)
7. Pat: .hhhh
8. (0.6)

9. Doc: >I’ll tell you what I’m < thuh I’ll tell
10. you in a sec what I thinkhh the
11. options are, .hh from your poi:nt of
12. vie:u what would you [say the: (0.5) the
13. Pat: .hhhh
14. [major issues a:re? wuh how do you
15. Pat: [hhhh
16. want tuh take things forward?
17. Pat: E:r I want to lose weight but I’ve
18. exhausted, (.i in my own mi:nd .hhh I’ve
19. exhausted every avenue I’ve driven down.
20. (1.2)
22. Pat: I I mean I’ve taken medication for it,
23. .hhh I’ve done about seventeen million
duhihets .hh hhhuh and er (0.4)
24. well here I am you know?
25. Doc: mm.
26. Pat: still (0.7) chunky un large
27. Doc: h:mm.
28. Pat: .hhh and er I’m becoming quite
disheartehuhhned abouhht it now, so:
29. .hh[hh
30. Doc: [Yes
31. (0.4)
32. Pat: uh I: (0.6) I know it’s er (0.7) .hhh
33. it’s (0.4) I’d I’m I’m not even sure
34. about what the sosh: socia: l ah .hh
35. aspects of it iz, you know I don’t wanna
do: it: for that I wanna do it .hhh
36. fer me: I wanna be healthy
37. (0.3)
38. Doc: mm[hm.
39. Pat: [Buh I’m notuh
40. (.)
41. Pat: a:nd er .hhh I think I’ve
42. exhausted e all avenuesuh
43. (.)
44. Pat: available tuhh me uv doing that
45. (.)
46. Doc: Mmh:m.
47. Pat: .hhh and er (0.3) they lea:d (0.4)
ptck (0.6) up to a brick ro: brick wall
und .hhh I ca:n’t (0.4) get (anything
done)
.hhh
Doc: °Okay°.
Pat: hhh
Doc .hh >So what do you see: as < thu:h sort
uv next step
Pat: I don’t know,
(.)
Pat: I: (. ) I like I said I’ve come to a .hhh
comple:te e:r halt on .hh everything.
(0.7)
Doc: mmh[ : m.
Pat: [I’ve trie:d die:ts, I’ve tri: (0.3)
der.hhh er I did the atkins die:t u:n I
did uh.hhh a sugar free die:t suh’ve
done hhh.hhh I’ve done the cabbage sou:p
diet,
Doc: mm[ m.
Pat: [I’ve duhhne ehhverything, I don’t
think there’s a di:et: they’ve written
abou .hh which I haven’t do:ne hh
(1.0)
Doc: °Okay°
Pat: But the: n you hear one person’s .hh
perspective over ano:ther: some people
say that di:eting iz: .hhh the way
forward un swear by it, and other
people say that if you di:et you just
.hhh e::r you’re just punishing yerse:lf:
82. (.)
83. Pat: for no results, uh I dunno. hhh hh I’ve done both.
84. (0.6)
85. Pat: hhh Yuh know.
86. Doc: Ptck. okay. o
87. (0.8)
88. Pat: hhh
89. (0.7)
90. Doc: I think?
91. Pat: hhh
92. (1.4)
93. Doc: there’re two possible (.) roads we cun go down two possible paths we
cun go down.
94. (1.0)
95. Doc: Ptck. hhhh the first
96. (0.2)
97. Pat: mmm
98. Doc: i:s to say, .hhh ;okay well you’ve tri:ed (0.3) rimonabant, we’ve tri:ed well
99. [we’ve thought
100. Pat: [, hh
101. Doc: about trying sibutramine, you’ve tried orlistat, you’ve tri:ed .hh a whole host
102. of different medications and you’ve tried
103. uh (1.6) different diets and so o:n
104. (0.4)
105. Doc: uh: m ptck. hh well (0.3) clearly they’ve no:t wo:rked
106. (1.3)
Doc: One of the things we could think about doing would be: (0.5) uh would be: surgery (1.0)

Doc: .hh becuze you are quite right (0.2) to: identify the major issue behind the diabetes, .hh as the weight. .hh get the weight right, the diabetes will go (alright) .hh un without getting the weight right the diabetes will be very difficult tuh control.

Doc: So, one of the things we do: fer "people") we do sometimes do for people in your situation, .hh i:s uh is goin fuh ah is (.) ask.hhh (0.7) uh:m ask people if they wuh want to have surgery.

Doc: ptck.hhh the sorts of surgery which people ha:ve in this situation, .hh uh is gastric banding (0.5)

Doc: .hh sort of thing thut you see on tee vee a bit,

Pat: [mmhm

Doc: [these days. Basically wha:t that involves is a telescope (test) going through to the stomach un putting a ban:dr an elastic ban:dr >if you like< an inflatable band around the stomach, (1.0)
.hhh er this limits the amount of food that can get into the stomach.

Pat: .hhh

Doc: kk.hhh the upside to it (0.4) is that it’s very effective,

(0.3)

Doc: .hh in getting uh the weight down

(0.4)

Doc: .h and hence actually it will improve yer diabetes

Pat: .HHH

(0.4)

Doc: .h it will also improve the fats in your bloodstream, which’re actually at fairly dangerous levels at the moment.

(1.3)

Doc: .h That’s number one.

(0.8)

Pat: Ptck.hh Is there not a down side to ihht?

(1.0)

Doc: Yup e::rm

(0.4)

Doc: that’s >when I say number one< that’s thuf that’s the first upside

Pat: [Okahhuhy. Sorry .hh huh sorry (go on)

Doc: Uh::m ptck the: other up side to it,

.hh um is thut .hh uh so >it makes you weight [basically, and secondly it

Pat: [.hh
actually lose improves everything that goes with the weight, .hhh und thirdly it’s a one off procedure, you have it done and that’s it. (0.3)

ptck.hh the downside to it: (0.3) is that it’s a surgical operation:

Ptck.hh u:nd as with any surgical operation you can get (.o) infections (or blee:d)

(.o) .hhh and specific to this operation: is that .hhh uh you need a general anaesthetic, with all the risks of anaesthesia: .hhh you have problems with (.o) uh the fact that once the band is in .hh (0.5) it’s not normally taken out: its usually left in long term

ptck so: it’s basically a one way decision.

mmhmm.

ptck.hh the: other thuh the major difficulty thut people find, is thut it’s thut you have tuh alter your ih eating habits .hhh

(0.3)

drastically. .hhh Becuz what happens iz
thut coz yer suh becu z yer stomach suh 
.hhh content space is so smal l, .hhh if 
 you eat more than just uh little bit 
you will vomit.

Pat: mmhmm.

(0.9)

Doc: And if you do that (. ) long enough and 
offen enough .hh you cun actually 
displace the ba nd un cause intern al 
problems.

Pat: O: kay .

(0.8)

Doc: ptck so: it’s NOT something to be taken 
lightly 
(0.8)

But it is very effective 
(0.5)

Doc: hhh O:nce the band is in place, you 
would need tuh go back (. ) tuh ha:ve 
(0.4) uh to have the ba nd inflated 
or deflated at intervals 
(2.6)

Doc: PTCK What’re yer thoughts?

Pat: hhh HHHH hhh E::r hhh 
(2.2)

Pat: HOW duz it weigh up? 
(0.5)

Pat: I mea:n (1.4) °(I dunno maybe that) 
sounds a bit (. ) dodgy,. ° but uh:mm .hh 
me ptck (0.7) some good poi:nts and bad 
you’ve given points but >how duh they<
weight up? IS .hh I: S the RIsk o:f (0.2)
what you just told me, the: .hh the
downside is it wo:irth .hh (0.4)
undertakin: (0.2) simply for the: the
benefits that you gain (or [what)

Doc: [ptck okay

.hhhhh
(.)

Doc: Uh: m (.) I gue:ss I would pu I wuh tend
to think of it in another way.

(0.5)

that the:: (0.5) if you do:n’t have it
done: (0.2) what uh the risks and what ur
the benefits. .hh[h

Pat: [OR I know I know which

way it would be goi::ng

Doc: The: risks of no:t having it done,
(thut’suh)

Pat: mmm.

Pat: [Is far greater than (         )

Doc: [You’re very familiar with all of them.

.hhh um und the risks of having er of
(0.4) sorry the benefit of not having it
done, is that you avoid the surgery.

Pat: Yeah. .hhhh

Doc: So on balance there is kwuh (0.4) thur is

quite a: (0.7) quite a lot of adva:ntages
to it .

Pat: P.hhh

Doc: BUT (.) they only apply: if yer able
to be very disciplined with your diet,
268. Pat: mm:hm.

269. Doc: If yuh have long term commitment to see it through.

270. (0.9)

272. Doc: .hh if you say to me< we:ll I’m not really that concer I don’t >really mi,< I don’t really want to change things .hh if (. ) yuh know, if someone says that to:

276. me,

277. Pat: .hh|h

278. Doc: [then I sa:y [that’s not fer you.

279. Pat: [Ah

280. Pat: We:ll that’s that’s notuh thu:h thoughts going in my mind. .hhh [see in my mind uh

282. Doc: [° Right. °

283. Pat: I I want this weight off: .hh I want if

284. off long term,

285. Doc: ° mhu:h°

286. Pat: .hh e:r I don’t want it back I mean uh

287. I’ve .hh I’ve been friends with it for twenty fihhve ye:ars, I wan it to get ou

289. no:w

290. Doc: m[m.

291. Pat: [.hhh you kno:w it’s li:ke that

292. annoying guest that just doesn’t leave

293. °huhuh° .hh hh

294. Doc: The alTe:rnative >suh I said there was<

295. u:h=

296. Pat: =mmm.

297. Doc: fork in the ruh path fork in the roa::d

298. fork in the path, .hh so that’s one=
93

299. Pat:  =th[ah
300. Doc:  >"route we could go down","<
301. (0.3)
302. Doc:  a:h to: go down the surgical (0.2)
303. surgical option .hhhh the ;other option
304. we cun think about:t, .hh um i::s uh i::s
305. (0.2) changing the insulin again, what I
306. would want to do is give you a more
307. concentrated form of insulin .hhh [FIVe
308. Pat:  [mmhm.
309. Doc:  times the stre:ngth so you’ve only
310. have to take a fifth as much
311. [.hhh so instead of take::
312. Pat:  [mmhm.
313. (1.2)
314. Pat:  ((SNEEZE)) ex[use me
315. Doc:  [FOur mls of insulin a
316. da:y you’d take only: less than a mil of
317. insulin a da:y .hhh so a lot less. .hhhhh
318. The: uh other things we cou ld do: (0.6)
319. ptck
320. Pat:  .hhhh
321. you know we wuh trea: (0.5) one of the
322. fats in thuh bloodstream’s quite h ig:h we
323. would think about treatments for that,
324. .hh uh:m one of the::: .hh u:m
325. (0.2)
326. Pat:  ((SNIFF))
327. Doc:  ptck
328. (1.6)
329. Doc:  .hhh
Doc: wuh wuh

(0.4)

Doc: Pck off the things on the surface, thut we cud say well actually thuh are new treatments coming out for diabetes in the next (0.5) few months an th uh: m (0.5) you know you might be very suitable for that.

(1.0)

Doc: For example. Suh the: se th: at’s path number two.

Pat: mmm.

(2.0)

Doc: I have to say thut personally I would be very surprisi: sed if any of the new treatments, if any uv the: (0.8) if any of the other options h actually wuz (0.4) we: re (0.5) were sufficient to deal with the underlying problem.

Pat: mm[m.

Doc: [ptck >by giving you< more i: nsuli:n we’re not dealing: g [wi: th the problem.

Pat: [Not dealing with

Pat: °the problem yeah°

Doc: We’re trying to cover it up with more insulin

Pat: °Yeah°

(1.1)

Doc: So I’m not convinced thut .hh uh
(there'll) be uh long term solution
362. (0.4)
363. Doc: Go[ing down the path uf ( )
364. Pat: [mm I have had a lot uf long term
365. solution.
366. [mmm.
367. Doc: [ptck.hhh There are new drug: guh (0.3)
368. Doc: drugs com:ing on the market fer
369. diabetes, >thuh’s going to be a little<
370. explosion in thuh ne:xt year or two
371. Pat: mmm.
372. (2.2)
373. Pat: .hh HHHH
374. (0.8)
375. Pat: "I dun"o I dunno: er:m .hhh uhm (1.7)
376. .hh Li:ke I said I: min (0.2) tuh take
377. new drugs iz jus .hh it creates problems
378. in its o:wn self doe[sn’t it
379. Doc: [ptck That’s very
380. true actually
381. (0.2)
382. Doc: "Yes."
383. (0.4)
384. Pat: So: e:r
385. Doc: No drug is without its side effects.
386. Pat: Indeed.
387. (3.2)
388. Pat: The: uf: >the: uh< the: (4.1) .hhh I min
389. " .hhh"o With (.) with the first (0.6)
390. option, (.) with this option of surgery,
391. .hh once itsuzh (0.4):nce it’s bi::n
(0.5) implemented .hhh it takes (0.2)

ehh: r everythi:n (1.0) takes all the

control away from you doesn’t it?

Doc: PTck o:h no no n[o

Pat: [Nuh uh:m I do[:n

Doc: ]YOU

398. yuh nee you need to watch: things really

399. care[fully] [so

400. Pat: [Yeah [no: I di:dn’t it didn’t quite

401. come out the way ( )

402. wanted to express it. E:i r (0.2) .hhh what

403. I’m trying to say i:s it beco:mesuh .h

404. mandaturee, it’s no:t () no longer a case

405. of .hh ahh I don’t feel li:ke it today,

406. (.)

407. Pat: .hh it beco:mes sort u:f we’ll it has to

408. be enforced .hhhhh

409. (1.2)

410. Pat: whereas any other (. ) solution like drugs

411. or .hh or increasing un insuli:n .hhh or

412. chang:ing the insuli:n I mea:n ih that

413. can be:i: (0.3) .hh .HHHH e:i:r HHHH how do

414. I put it? I mea:n (0.3) people cun always

415. LA:i::x on that can’t the[y?

416. Doc: [mmh:m. ptck

417. d’you:fi:nd that happens to you e:very

418. now and again?

419. (0.4)

420. Pat: It does sometimes, I do sometimes for: get

421. to ta:ke my insul[in.

422. Doc: [Ptck well your on four
injectuh four big injections a day

Pat: Ye:ah

Doc: Su:h

[Perhaps not surprising]

Doc: [Suh I mea:n

Pat: Ehh hah I don’t know, .hh sometimes I
don’t want to cos I’m developin like
this (0.5) .h bru:se arou:nd

Doc: [Ma:y ma:y may

I see?

(0.6)

Pat: ( ) hhh um

(1.7)

Pat: I:’s

Doc: O:h ( ) hu how about the
other side?

(0.5)

Pat: Yea:h I’ve got one

(0.3)

Pat: U::nd

(1.5)

Doc: You need to avoid that side (don’t you)

Pat: mmm.

Doc: Cos it’s beginnin tuh scar up

(0.7)

Pat: Yea:h so: I mea:n thah that’s what’s
happened. (JUS WHILE UM) .hhh hhh HUH

(0.7)

Doc: ptckuh

(.

Pat: So: hh
Doc: How d’you feel about surgery?

Pat: hhhhh Like I said last time it’s a radical error decision, hhh but if it helps me then uh I’d be up for it. Like when I saw you first time,=

Doc: =O[okay=

Pat: [.hhh I said I’m willing tuh try

A: Nything un everythin.

Doc: Right.

Doc: Oka:y

Doc: Fine. HHH What I’m going to do i:z uh:im

thur’s uh lot uh paperwork associate:d

with this sort of thing. [The su_rgery

Pat: [(

Doc: isn’t done he:re, it’s done in Cleedon

[.hhh um and I’ll fill

Pat: [mmhm.

Doc: out the paperwork tuh give to yer gee pee, un yer gee pee then needs tuh send

it to Cleedon, =we’ll sort all that out

for [you.

Pat: [mmm.

Doc: .hhhh uh:im ull take a little whi:le, and

there is a waiting list to be seen, un

seen thuz another waiting list to be: (.)

after yer assessed in more detail un .hh
485. so thuh it’s a bit of a long process it takes a few months for all uf this to happen if not about a yu: six months to a yea:r [sort of time. So i
486. Pat: [mm:hm.
487. Doc: it’s a bit >uf a slow process,<
488. (0.3)
489. Doc: so bear with us.
490. Pat: mm [that’s no prob[lem.
491. Doc: [.hh ] [We’ll get the ball rolling.
492. (0.3)
493. Doc: .HHH in the mea:nti:me, the other thing which I want tuh happen: is I want e:r (0.4) want to change around .hh er your insulin un yer tablets.
494. Pat: uhh kay.
495. Doc: .hhhh I: think you’re o:n (.) such a large volume of insulin, I’d be kee:n on switching you to: a differe:nt different type of insulin which is more concen tra[ted. .hhhh um an
496. Pat: [mmh:m.
497. Doc: uh?
498. (0.2)
499. Doc: THAt .hhh um I will sort that for you [as
500. Pat: [O:Kay.
501. Doc: well.. hhh that will take some time I’m afrai:d "hehh": hhhh
502. Pat: [Okhhhay that’s no
Doc: [because they are withdrawing one insulin from the market, .hh and we're trying to find a replacement for it at the moment. .hh so >as soon as we find it which is >likely to be in the next two or three months, (0.3) I'll let you know.

Pat: Okay.

Doc: .hhhhhh the other thing which I'm concerned about, is (.u) one of the fat levels in your bloodstream's very high (0.9)

Doc: PTCK uh:m an (0.3) it's beginning to reach dangerous sorts uv levels.

Pat: [.hhh Is that the: uh e:r el dee el (.u) one? [(

Doc: [(No it's)

(.u) it's the: triglycerides.

Pat: Tri\textsuperscript{g}lycer hokay\textsuperscript{\textdegree}

Doc: K.hhhhh hhh ptck .h

(0.4)

Doc: I:'M I'm going to suggest to yer doctor that we start you off on a tablet for that, (0.4) .hh but (0.6) >as I said jus now< all tablets have side effects the wuh the side eff[ects].hh

Pat: [Yea:h

Doc: the wuh thut the si:de effects I want you to watch out for with the:se tablets, (0.2) .hhh is thut you cuh get very ba:d
If you get very bad muscle aches, you must stop these tablets and the simpostatin, and see yer doctor.

Stop thuh simpostatin as well?

Yeah. Because both. hh becus both uv them target fats in yer bloodstream.

Both of them cun cause muscle aches. hh un if you get muscle aches you need to STOP both and see and see your doctor.

Kay. hhh and what'll probly happen is then he'll just restart the simpostatin by itself again:

=after a gap

.hh okay.

=mmm.=

=after a gap

.hh HHHH

=mmm.

.e:r whuh why: wuz I tuh taken off
102

578. [thu:h (:.) roseverst[a][tin
579. Doc: [ptck [Because your
580. kidne:ys (:.) ahh have a little bit of
581. protein coming out of them
582. Pat: ahhh "okay"
583. Doc: And one uh the things< about the
584. roseverstatin, is thu: that thar’s
585. a suggestion that that can make that
586. problem worse
587. Pat: O::kay.
588. Doc: No:w, it’s only a suggestion it’s not
589. definite.hh [but
590. Pat: [But why take risks.
592. Pat: "Yeah." O;kay
593. (7.7)
594. Doc: ptck o:kay, .hh so: a:h I need to wri:te
595. to the es en, >to the diabetes nurses<
596. about the insuli:n, .hh I need to write
597. to yer gee pee about the surgery, an I’ll
598. also write to gee your gee pee about the:
599. tablet fo:r the: (:.) cholesterol
600. Pat: hh
601. Doc: "Okay"
602. Pat: .hhh uh:m? jus one thing abou:t the
603. surgery,
604. Doc: mmm?
605. Pat: Is it e:r (:.) hah is it (:.) privately
606. funded o:[r?
607. Doc: [No
608. (0.5)
609. Pat: °Okay.° .hhh cuh hahh wouldn’t have the
610. funding for ihhht.
611. (1.5)
612. Pat: .hhhh hhhh
613. Doc: °Okay.° .hhhhhh Atif the >other thing
614. Doc: I have tuh she< I have to tell you is
615. that I’m actually going to be lea:ving
616. Franingham
617. (.)
618. Doc: in the near futu:re
619. Pat: mh:mm.
620. Doc: so I not see you here again
1. Doc: Where do you think we’re going?
2.   (.)
3. Doc: Where d’you think uh (0.5) we should go
4.   [from here
5. Pat: [.hhh hhh
6.   (0.6)
7. Doc: °from your° point uv view
8. Pat: I’ve gotta up my exercise.

9. (0.7)

10. Doc: mh::mm

11. Pat: s’the: uh s’the ang? .hh u[:h

12. Doc: [Do you think

13. that’s achievable? =Becus yuh you know

14. you’re looking after yer MO:ther, it’s

15. .hh must be quite tough at the moment.

16. Pat: .hh ohu:h° Yeh it is but oh::n (0.3) I

17. don’t want tuh go do:wn the: medication

18. route.

19. (0.7)

20. Pat: I’d sooner sort u:if (0.6) get rid of it

21. naturally if I can.

22. (0.5)

23. Pat: .hh uh:m °puh° .hhh


25. think that is?

26. (0.9)

27. Pat: u::hm

28. Doc: (° ° ° °)

29. (2.4)


31. Pat: [Yeah

32. Pat: ah ahsuh ah think I it’s a sort uf (0.9)

33. uh:mumuh (1.3) say a sixty forty (do it)

34. Doc: °Okay°

35. Pat: (°yuh°/°um°)

36. (0.5)

37. Pat: Suh very MArginal ay en .h uh? .h I

38. think? (0.7) if (0.9) if I can get into:
39. like the: (0.5) e:r (0.5) routine
40. realle:y uh uv of just just going
41. to the gy:im
42. (0.8)
43. spending tha 'our an a 'alf there
44. Doc: Ptck But you have other commitme:nts
45. (don’t you)
46. Pat: .hh ye:ah: but [I
47. Doc: [ANd when you get a jo:b
48. things’ll be even bu:sier
49. Pat: .hh hhh
50. (1.3)
51. Pat: "uh" .hh But uh ah I’m >a bit uf a
52. believer< if you want tuh
53. do something you:: "yuh cun" find the
54. ti:me
55. Doc: "Ptck"
56. (0.7)
57. Doc: Um ye:ah: but y’know you are very [BU:sy,
58. Pat: [Yeah
59. Doc: you’ve had an [a:wful lot o:n recently
60. Pat: [Yeah
61. Doc: [you know with yer mother and thi:ngs,
62. Pat: [Yeah
63. [you know it’suh .hhh bin hectic
64. Pat: [ye:ah
65. (0.8)
66. Pat: Bu:t u::h
67. Doc: And you kno:w yuv (.) confidence in yer
68. knee:, a:n you know they been a lot of
69. bar:ri:ers
107.
71. Pat: YE:ah buh uh thin: uh::m (0.3) ptck (0.6)
72. what’s it (uh (2.1) I’m qui:te
73. confident as long as I do:n’t do anything
74. silly with me knee,
75. (0.5)
76. NOW it’s not gonna give in on it
77. (0.3)
78. Doc: o:kay so that’s your knee[: bu:t (.)
79. Pat: [(          )
80. Doc: you know yuh you:
81. (.)
82. Pat: Yeah
83. Doc: you know yer caring for your mother
84. Pat: Yea:h
85. (.)
86. Pat: Well (0.6) Bu:h u::m .hhh uh
87. thi:nkuh buh suh-she
88. >comes to the hospital tomorrow<
89. Doc: "O[kay"
90. Pat: [un I’m HOping .hhh that there a:re
91. they gonna say yeah the bleeding has
92. stopped, (.) .hh becus I think her
93. Pat: eyesight is actually improving in the
94. last (.) couple uh weeks,
95. Doc: Kay
96. (0.5)
97. Pat: or they they’d give er the o:ther
98. Doc: mmm
99. Pat: option if it hasn’t stopped they’re gonna
100. give er some _laser treatment on it
101. Doc: Okay
102. Pat: .hh erm ptck she Wants to be acti:ve ptck
103. [she
104. Doc: [Buh EI:ther wa:y she’s going to
105. need a
106. Pat: [Yeh well
107. Doc: [a reasonable amount uf support
108. Pat: [SHE she’ll need
109. Pat: Yeh
110. (.)
111. Pat: U::m
112. Doc: And you time’s gonna be [taken up with
113. Pat: [Yeh
114. Doc: that=
115. Pat: =But we have (.) we have got a carer who
116. can come in
117. (0.7)
118. Doc: Who currently comes in?
119. (.)
120. Pat: Er at the moment ee doesn’t becu I’m
121. there,
122. Doc: Right.
123. Pat: But if I’m not there (.) I cun jus phone
124. im up and e’ll come in
125. Doc: Right.
126. Pat: Tha:thas .HHH not a major problem.
127. Doc: Right.
128. Pat: [Because I don’t want tuh sort uf .hh
129. erm (1.7) stop his care allowance un a:nd
130. thuh other things
131. Doc: Okay >can’t he come in< now und when you
132. are there?
133. Pat: Well ee CA<n ee DO:es, I mean ee comes in
134. .hh u:h () probley three times a weekuh
135. now
136. Doc: ( ) suh for how long each time?
137. (1.2)
138. Pat: Well MAinly ee jus ee jus comes in .hh e:rm becus he goes out he doez a lot uh
139. shopping un around (like you say)=
140. Doc: =ok[ay
141. Pat: [.HH he’ll pick things up phuh [a:nd
142. Doc: [So
143. Pat: .hh he will do some uh the shopping for
144. me:, and things like that,
145. Doc: °Okay°=
146. Pat: =but I mea:n (0.6) IF if I could
147. arra:nge to get >tuh the< gym (1.0) .hh
148. ut certain time:s which at the moment .hh
149. not possible buh the gym is bei:ng (.) er
150. used by the local school, at certain time
151. Doc: Right.
152. Pat: ptck
153. (.)
154. Pat: So: if I cou:ld .hh like find an
155. alternative gym or something (.). ! I I
156. could do: tha I could >sort uf say< .hh
157. (.). can yuh- can you come in o:n such an
158. such a day, (0.3) fer an ‘our
159. an ‘alf or some[thing like that.
160. Doc: [Right.
161. (0.3)
163. Doc: Do you think that’s feasible? It’s suh doable?
164. Pat: It it All dePends on what happens tomorrow (with mo:ther)
165. (0.5)
166. Pat: If Iffuh if the doctor says (0.4) thuh the bleeding has stopped,
167. Doc: mhm=
168. Pat: =she doesn’t need any treatment. [and her
169. Doc: [mhm
170. Pat: vision is is gonna [improve
171. Doc: [>She’s alrea:dy had<
172. Pat: laser therapy has she
173. Doc: [laser therapy has she
174. Pat: .HHH She has, er she had uh:m (1.0) tcuh
176. Pat: e:r but it wasn’t successful (0.4)
177. Doc: mmmh.
178. Pat: so: thas so: (0.4) itsuch a case uf e:rm
179. (1.0)‘muh° “mu° they don’t want to: like
180. really sort uf (0.4) do any more just in
181. case it does muh-make matters worse.
182. (0.5)
183. Doc: What TROubbles me, (0.9)
184. Pat: ‘Yuh°
185. Doc: “tch°° what concerns me, iz thut .hh
186. we first met in july two thousand und
187. six,
194. Pat: Yeh
195. Doc: .hh and we are no::w:
196. (0.7) ((doc looking at notes))
197. what (. ) nine months on from that.
198. (1.0) ((Doc shifts in chair to look at notes))
199. Doc: The fi:rst time you came,
200. (4.1) ((Doc looks through notes))
201. Doc: >see where your weight< was (. ) erm
202. (2.5) ((Doc looks through notes))
203. Pat: I wuz: (. ) lighter
204. (0.3)
205. Pat: than I am now
206. (1.1)
207. Pat: tho::, (0.6)
208. Doc: oo'tch oo (. ) An: d,
209. (1.6) ((Doc moves his head to one side))
210. Pat: Bu:h but we did >sort of< say thut
((Doc looks at patient and makes rolling 'carry on’ motions with his hand))
211. (. ) that wuz probabley .h becuh I went
212. on to the rosiglitazane.
213. Doc: Point taken I think that’s a very fai:r-
214. [I think that’s
215. Pat: [Right
216. Doc: a very reasonable point act[ually
217. Pat: [yeah
218. (0.6)
219. Pat: I say i i it’s .hh it’s not uh (. ) HUge
220. increase, but you: could sort uv say er
221. (1.2) isn’t five per cent of thee sort uv
222. body mass (.) extra water wuh
223. Doc: Yuh
224. (.)
225. Doc: .hh I guess ss wu-what worries
226. me, though is thut .hh u:m
227. (1.6)
228. Pat: slippery slope
229. Doc: Yea:h: [um um
230. Pat: [Right.
231. (1.6) (Doc makes rolling 'carry on' gesture with his hand))
232. Doc: We’re just not making the progress we
233. need to make=
234. Pat: =YeH
235. (0.5)
236. Pat: "yuh huh"
237. (1.1)
238. Pat: I totally agree with you
239. (0.3)
240. Pat: uh huh
241. (1.0)
242. Doc: Ptck so:, if that’s thuh case, then we
243. need tuh sort uv say well .hhh if our
244. goal is to try: und .hh er (0.5) try
245. und er protect your health in terms uv
246. .hh your eyes yer kidney yer heart yer
247. yuh luh ye{(brain) yuh know .hh
248. Pat: [mhm
249. Doc: >if we try un< keep you healthy,
250. Pat: Yeah
251. Doc: How duh wu-if that’s suh what we’re aiming
for,

Pat: "Yuh" How duh we get there.

Doc: >How do we get there.< Well the first step (0.4) or the step beFO:re (.)

keeping healthy is keeping good diabetes control, getting yer sugars right getting yer [blood pressure right.

[Yeah

Doc: .hh yer >blood pressure’s< pretty goo:d

so that [leaves us with your blood

Pat: [mm

Doc: sugars, .hhh uh:m (0.4)

Pat: What were the last ones? ( )

Doc: Thuh well I don? (0.2) Have you had any done recently?

Pat: No: I hah I han I literally had them done the day I first seen you

Doc: "Right". The BLO:od SUgars when you came wuh-were actually pretty good.

Pat: Righ[t.

Doc: [Um But obviously I’ve I’ve I don’t have any [up to date ones.

Pat: [Yea:h

(.)

Pat: °Righ{o

Doc: .HHH The: the thi:rd issue is we’ll okay that’s all very well, what’s going to happen with the diabetes in the long te:rm if we jusst carry on as we are.

Pat: Yeah

Doc: What will happen is that gradually
The sugars will climb. It will become higher and higher because that's the natural progression of diabetes.

Pat: Yep

Doc: The only thing which realistically slows it down that we know of, is to control the weight.

Pat: Right.

Doc: Think you've actually done really well, because you've actually got a number of the steps sorted out already.

Pat: Right.

Doc: But the next one we need to address is the weight.

Pat: [

Doc: And what concerns me is we've been kind of trying to do that, but we haven't really been making progress with it.

Pat: [.hh Yeah]

Doc: And what worries me is that you'll come back next time you'll say to me:

Pat: (. you know, yes (bluh bluh bluh:))

(1.0)
314. Doc: had un had an eye appointment, "Yeah"
315. Pat: "Yeah"
316. Doc: and things were okay, un hh didn’t go to
317. the gym for a bit, buh you know, hh it
318. was difficult to arrange because
319. actually it was very difficult [because
320. Pat: "Yeah"
321. Doc: of the school it was the school holidays
322. under because the schools (being)
323. in the holidays,
324. but actually hh you know it was just
325. it kind the Easter holidays, en then
326. after that of petered out because [they.
327. Pat: [mm
328. Doc: came back again hh you know that’s what
329. I really need to do, I really need to go
330. to the gym doctor Lin, uh I really
331. need-. hh and with that I know I can
332. lose weight.
333. Pat: [Yeah
334. Doc: [Next time, you know this isuh .hh
335. we’re in June:
336. (0.3)
337. Doc: uhm I said that back in March hhh
338. [but you know I know we’re in June July:
339. Pat: [Yuh
340. Doc: now but it’s summer holidays soon I’ll
341. I will lose weight again, be summer I’ll
342. be able [to get out more.
343. Pat: ["huhuhuh [hhh
344. Doc: And I’m going mm:hm: PT[ch
345. Pat: [mmm
346. Doc: and then you’re >saying to me,< I
347. REally don’t want >tuh go on< medication
348. beuws I REally think I nee- I I I I cun
349. get rid of this [weight, .hhh and I’ll go
350. Pat: [Yeah
351. Doc: o:Kay:
352. Pat: Yu::h
353. Doc: an::d (0.7) then we’ll go around to the
354. next vi:sit. .hhh er
355. (1.0)
356. Pat: [The THing is (actually)
357. Doc: [Um um
358. Doc: I’m happy to keep as [we are if wih muh
359. Pat: [Yeah
360. Doc: if (0.4)
361. Pat: Yah
362. Doc: if tuh carry on wu-with what we’re doing,
363. if (.) actually we’re=
364. Pat: =If we’re getting somewhere
365. Doc: Yea:h un if we’ve got a common go:al,
366. Pat: yeah
367. Doc: and we’[re ( ) heading to the
368. Pat: [Yeh
369. Doc: same spot, .hh But I guess I’m ju:suht
370. (.) .hhh wuh-WO[ried
371. Pat: [Yeah
372. (0.5)
373. Pat: Un ah I know, it’s uh ai:nt U::hm (0.4)
374. .hh I THOU::ght that uh (0.4) I honestly
375. thought when I came in today, that I
376. would uv lost (. ) more than I have,
377. Doc: Okay
378. Pat: Ah .hh
379. (0.4)
380. Pat: You know ow yuh you can sort of tell
381. about yer bodey,
382. (.)
383. Doc: (["Yeah" /"Okay")
384. Pat: [I physically, I >DON’t go on the<
385. SCAles, cos er .hh I’ve been told by
386. lots of people that sker .hh
387. standing there luh looking at
388. yer weight every day is gonna [get ( )
389. Doc: [I wouldn’t
390. check it every day,=]
391. Pat: =Yeah [or whatever
392. Doc: [but once a once a week is [not
393. Pat: [Yeah
395. (0.3)
396. Pat: Yeah .hh um (0.8) But I did think [hat I
397. would uv actually lost some sort
398. of physical size, cos .hh like .HHH
399. (0.3)clothes feel different ye::ah.
400. (0.4)
401. Doc: ↑Okay, we:[ll
402. Pat: [Yeah P.HHH
403. Pat: But I (mean) (. ) er [.r
404. Doc: [ER I gue:ss yu-I
405. guess that’s one of the: [.hh important
406. Pat: [Yeah
Doc: things about measuring uh. [along] (along)

Pat: [Yeah]

Doc: your waist and [the fat on] your arm[s]

Pat: [Yeah] [An you can]

Doc: say [look]

Pat: It hasn’t changed

Pat: [It hasn’t tuh () no tha]

ih. HHH yeah.

(0.3)

Pat: Uh: hhm

(2.0)

Pat: I know I ave () definitely cut certain

things out of the diet,

Doc: Great.

Pat: TOTally

(0.7)

Doc: Such as?

Pat: . hhh [biscuits],

(1.1)

Pat: cakes,

Doc: "Okay"

(0.8)

Pat: (ri:gh) full stop.

Doc: Good

(0.4)

Pat: Uh:mm ptck yu:hs probley still eat too

much: of fruit,

(1.0)

Pat: "Uh" I e: r. hh (0.4) ah e: r (1.3) I’ll

have what: two three: (0.9) sorts uh

fruit everyday
119

438. Doc: mhm
439. Pat: "Yah", hh becus I would sooner
440. Pat: have that, "uh (. ) than cake or:
441. "something like that. WHIchuh I used tuh
442. Doc: "Ptck"; okay
443. Pat: Uh:m
444. (0.6)
445. Pat: Yea:uh uh I don't drink any sort uf
446. .hh fizzy drinks at all
447. Doc: "Oka[y]
448. Pat: [yuh
449. Doc: .hh Ah cos I know you’ve seen the
450. dietician and discussed a lot of [these
451. Pat: [Yeah
452. Doc: (0.4) details
453. Pat: I wuz supPOsed to see her toda:
454. Doc: Right.
455. Pat: But they’re off: on:: some diabete-
456. [conference or something [buh
457. Doc: ["Kay" [So yuh-you’re
458. Doc: going >to see her again< soon?
459. Pat: .hh
460. (0.3)
461. Pat: I’ve gotta phone u:p un find out when
462. I can see her
463. Doc: Okay
464. (0.5)
465. Pat: "Ahh"
466. (0.8)
467. Pat: Uhm
468. (0.3)
Pat: Ye’h I’ve started doing the things like drinking water before the meal.

Doc: "Okay."

Pat: HHH

Doc: Okay.

Pat: HHH

Doc: Ptck. Hhhhh I guess?

Pat: "Yeh"

Doc: Hmmm

Pat: Uh am I know wuh-ih it’s the: Hh (1.0)

Doc: lack of that sort uf (1.8) extra physical effort. >[I mean< .HH you can do ["mmhm"

Pat: certain: things without burning off any (. ) extra fats and things like that, Hhh

Pat: an I do understand at the moment I’ve probley got a lot more brown fats than white fats (and think tha) an you can’t .HHH get at them to: (0.4) tuh burn them .hhh li:h ih (0.4) extra exertion.>you can do< off without a certain amount of exertion, and you cun burn off some of the fats .HHH

Pat: but unless you: sort uv go past that
you’ll never get on to the (1.2) like (0.5) extra storage. hh .HHH

"huhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhuhu
Doc: You know, I think you need to: (0.7)

Pat: Yuh

Doc: [withdraw more

Pat: [(We’ll see: if) (.) buh it’s sort uv (0.8). hhh thuh-I think? (.) wu:n once

Doc: I’ve actually sort uv: (0.9) got past that sort uv tipping point,

Pat: [(We’ll see: if) (.) buh it’s sort uv (0.8). hhh thuh-I think? (.) wu:n once

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

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Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,

Pat: [Yah

Doc: thut might help you: rea:ch that tipping point.

Pat: Ya:h

Doc: ptck o:kay, .hh I gue:ss that >brings uz on<to the: concept of medic:ations,
Pat: "Uhuh"

Doc: I’ll be a bit grumpy I have to admit, if you > (sort of say) I’m REally into medication and then nothing happens,

Pat: Yeah

Doc: You know I I don’t think that’s reasonable.

Pat: Yeah I mean when I say I much I

Doc: physically DO WANT to lose some weight, it’s not like it’s not [like it’s not like absolutely]

Pat: e:h oh you know >I’ll get out the door< und say that’s the end of it

Doc: VERY few people come here say anything else

Pat: Oh right, fair enough yea:h .hhh yuh

Doc: [Okay so let’s let’s try un translate this intuh (. ) let’s try un translate this intuh practice then,.hh[h (cun you) (0.2)
593. Pat: [Right.
594. Doc: you’ve talked about dietary manoeuvres
595. and those sound=
596. Pat: =Yah=
597. Doc: = all appropriate an:d = good
598. Pat: Yeah
599. Doc: .hhh uh:m activity? .hh
600. (0.7)
601. Doc gym?
602. (0.7)
603. Pat: Gym ye:[ah
604. Doc: [Okay >we seem to< be: (.) close
605. on the gym, that’s abso[lutely fine, .hh
606. Pat: [Yeah
607. Doc: you were going three times
608. a week last time [you came .hhh
609. Pat: [Yeah
611. Doc: How often do you think you could be going
612. by the next time you came back here?
613. (1.0)
614. Pat: Uh::m. (2.1) U:h I wuh (.)
615. Pat: I would thin:: kuh (0.4) :u:m
616. (0.7) ASSuming thu:t u:m (0.7) I don’t
617. get a jo:b I wuh (0.4) I will try and
618. go: .hh four or even five times a week
619. (0.3)
620. Doc: O:kay, for how long before your next
621. appointment here?
622. (0.7)
623. Pat: E::r
Pat: wull fuh fer un suh

Pat: starting say next week, ASSuming everything goes alri:ght, (alright I think)

Doc: Oka

Pat: Ah

Doc: ptck ( ) ’m putting four to five times per week, gym: .hh uh:m fo:r (0.8) e:r

let’s sa:y three months [leading leading

Pat: [Okay

Doc: u:p

Pat: Yeah
to: next appointme:nt

Doc: ptck oka:y uh:m

a:nd (1.0) and IF you do get a jo:b (.) how many times d’you think you’ll be able to go?

(1.6)

Pat: Probley twice a week then [if

Doc: [Okay

(0.2)

if job

(0.7)
Pat: mmuh

(1.6)

Doc: ahh then (0.5) two times a week

Pat: Yuh

(1.1)

Doc: for three months leading (0.7) up to:
next appointment.

Pat: Yuh

Pat: Sounds reasonable

Doc: okay deal?

Pat: Deal

Doc: hhh I guess the other thing thu-thut
might worth exploring is, (1.0) eh-the
concept uv whether or not it’s<
worthwhile. trying to: (0.7) Get your
exercise anywhere other thun the gym?

(0.7)

Pat: Yeah

(0.7)

Doc: chee bike, exercise bike hhhh running,
walking,=

Pat: =mmm

(0.6)

Pat: Ptck .hh yeah.

Doc: Are any of those (0.5) feasible
options for you or not?

Pat: Phuh hhhh

(1.7)

Pat: uh::m

(3.1)

Pat: Once I’ve bi:n, (1.5) >when I’ve
been going to the gym, I’ve got? like uh
(0.2) a reasonably sort uf (0.2)
formatted regime, uh .hh I go: (0.7) un I
start off: with u:h (0.9) uh:m a set
distan warm up o:n (0.7) mm bike
Doc: Right.
Pat: Right .hh a:
(1.7)
Pat: I started to: >step ladde:r< (. ) un I
started getting pain on me knee:
(0.8)
Pat: 0Righ.
(0.5)
Pat: So: .hh uh:m
(1.9)
Pat: I wou:ldn’t buh be all
that happy: doing a lot of bike work
Doc: 0Okay.
Pat: .hhh e:r I bin doing some li:ke low
impact jogging, .
(0.4)
Pat: HH e:r un then everything el[se
Doc: [What ud
happen i:if you:: did the low impact
joggg,not on the running machine buh
(.) outside the back door of yer house?
Pat: hh
(0.8)
Doc: >Mi:ght be a bit< cheaper.
Pat: 0huhh
(.)
Wuh it doesn’t? ih ih it doesn’t physically cost me anything at the moment, to go to the gym.

Okay.

.hh right it’s a community gym,

(.)

O:Kay

[Un that’s > why I said< .hh I can’t go during the day,

Ri:ght.

=because the schools use it.

So evenings and thu

Evenings and weekends it’s it’s so: it does it doesn’t physically cost me anything

Ri:ght.

.hhh uh:m

(1.5)

Yeh?

(.)

I could probley do that, I-I might even be able to sort uf .h jog to and from the gym.

(0.5)

Okay

(1.2)

oo:mm oo

"fine".

(.)

uhhm

(0.8)
748. Doc: Let’s see>[how yuh do thu< next time you
749. Pat: 

750. Doc: come

751. Pat: Ye:h
Appendix E: Transcripts of closings in the fieldwork consultations

This appendix shows the full transcripts of closing sequences in the fieldwork consultations. Extracts a and b are extended examples showing how a closing relevant environment is built up towards the end of the consultation. The remaining extracts are organised according to which actions initiate a move into closing. Highlights in bold show the verbal turn which is responded to by the patient with preparations to take leave of the doctor and exit the room. In some extracts, non-vocal actions and other relevant details are indicated inside double brackets. A * indicates that the extract (or part of the extract) was also presented in chapter 8.
Extract a: Pam DOC 9th Jan. Establishing a closing relevant environment in the Diabetes and Obesity Clinic

1. Doc: How do you feel about starting these uh (.) tuh tablets?
2. (2.7)
3. Pat: I will try the m
4. Doc: “okay”
5. Pat: I will try them.
6. Doc: [mm.
7. Pat: But like I say I do-d’you know when you say side effects, ih you know
8. (0.5)
9. Doc: All tablets [huv side effects
10. Pat: [YES yes I know they do.
11. Yeh
12. (2.7)
13. Doc: But you look at something like the xenical for example, [you
17. Pat: ["mmhm"
18. Doc: wouldn’t want to be without them
19. (0.4)
20. Pat: NO huhuhuh
21. (1.2)
22. Doc: Now
23. Pat: .hhh No: exackley
24. (2.7)
25. Doc: Un I hope you’ll feel the same way about
26. these tablets, once they work.
27. Pat: mmhm.
28. (2.5)
29. Doc: ptch .hhh
30. (8.6)
31. Doc: I kno: we talked before abou:t .hh (.)
32. uh: you: needing to see your doctor
33. about that
34. Pat: Ye:s. Ye
35. (3.7)
36. Doc: Okay
37. (0.6)
38. Pat: o: [key do:ks
39. Doc: [So that’s fer you to take to yer
40. doctor, drop off at your doctor [an you
41. Pat: [Yes
42. Doc: cun pick up the prescriptio:n
43. (.)
44. Doc: as befo:re
45. Pat: [o:key dokeys ye:p
46. (4.3)
47. Doc: .hh D’you see a poDI_atrist
48. Doc: about yer [feet?
49. Pat: [I do ye:s
50. Doc: “Good”
51. (1.5)
52. Doc: >That’s one uh these boxes to fill in.<
53. (9.1)
54. Doc: ‘hh kay: That’s toDA:Y’s blood pressure
55. for your reco:irds,
56. Pat: Right [yes
57. Doc: [So you cun jot that in your blood
58. sugar book, [so you’ve got
59. Pat: [Yes
60. Doc: uh ‘hh a runni:nger (. ) running total
61. running sco:re
62. Pat: O:key dokeys
63. (0.6)
64. Pat: Yup
65. Doc: Ptck
66. (10.5)
67. Doc: But you do look,
68. (0.6)
69. Doc: a lot better ((door makes loud slamming noise))
70. Pat: ‘huuhuh’
71. Doc: ‘a lot better’
72. (1.0)
73. Doc: ‘good.’
74. Pat: I do fee:l? (1.0) I been fee:ling better
75. Doc: mmhm.
76. Pat: Like I suh-bit more energy, yeh
77. (1.5)
78. Pat: More get up un go: "huuhuh" heheheh .hhhh

79. Doc: I’d like you to; >hand this in to
80. reception,<I’d like to to see [you again
81. Pat: ]Yes
82. Doc: in four months’ time,
83. Pat: Yeh
84. Doc: we’ll see how the weight’s going, >we’ll
85. obviously< weigh you on the same scales,
86. Pat: Yes
87. Doc: and we cun take it from there.
88. (0.3)
89. Pat: Hopefully you’ll **see** some more change.

90. Doc: I’m sure I will=

91. Pat: hehh huhuhuh
92. (0.4)
93. Pat: .hhh
94. (4.4)
95. Doc: Bye bye Pam=
96. Pat: =Thanking you:
Extract b: Brenda WMC 31st Jan. Establishing a closing relevant environment in the WMC.

1. Doc: Okay.
2. (0.4)
3. Doc: Good
4. (2.0)
5. Doc: "Ptch anything else you wanted to ask?
6. Pat: "Ptch hh hrm? (.). Not really no; oh uh?
7. I mean I > jus wanted to know<
8. thing WAs going
9. we:ll, [Buh I’m quite
11. disappointed that I have put the weight
12. on, cos I th[ink if I’d uh
13. Doc: [mm?
14. come just before Christmas,
16. .hh I would ave lost weight.
17. Doc: [“okay]
18. Pat: [Bu:h (.) over Christmas und then the
19. stress with this (0.3)
20. Doc: It’s got worse since Christmas
21. Pat: [(with my new bo:ss it’s) (.)
22. Pat: it’s a problem, but hopefully.hh I’ll
23. get this new job (              )
24. Doc: "What sort of job did you apply for?"
25. Pat: .hhh It’s actually in Cleedon, and it’s
26. business design which is something
27. (0.4) that [um
29. quite good at. So:::
30. Doc: "Right."
31. Pat: Yeah
32. (.)
33. Pat: [(That’ll be good)
34. Doc: [And you live in? Ashton on Dean?
35. Pat: YE:[s
36. Doc: [So is that >quite a long< commute?
37. Pat: .hhh um ye:h ah I mean I live in
38. Arlingfo:rd
39. Doc: "okay"
40. (1.0)
41. Pat: I >mean I werk in Arlingford< now, so
42. it’s not a (problem), I’ve worked in
43. Arlingford for ye:ars, so
44. Doc: mmmhm.
45. Pat: is shuh sa it’ll be quite funny to go to
46. Cleedon really.
47. (1.3)
48. Pat: It’s a lot easier HUH
>Let me do a quick letter on you< for a second,

Brenda.

Yours sincerely

Ptch Thu next patient is Brenda Green,

hospital number (3.0)

79133F for foxtrot (1.3)

Ptch .hh Brenda came to the weight management clinic today, she has opened inverted commas put a lot of weight on. >Close inverted commas full stop. She has problems with her boss and has been feeling rather stressed at work, full stop. She has actually applied for a job elsewhere, (0.8) and is waiting to hear the outcome of this, full stop. (0.3)

.hh New paragraph, Ptch As a result of all of this, she has been eating and her weight has climbed by three kilograms, full stop.

(.)

.hh Having Said that, comma, (1.0) ptch part of this may be pre-
menstrual fluid retention.

(1.4)

Doc: [Open brackets, which us been more marked since starting the: IUD one year ago,] close brackets< full stop.

(0.3)

Doc: .hhh .hh Her weigh gain has occurred despituh (.) an increase in her sibutramine to fifteen milograms two months ago.

(1.3)

Doc: Full stop. >I understand< you: are very ki:ndly keeping an eye on her blood pressure, full stop. .hh She has notisseh a de:crease >in her appetite over-thuh past< three of four weeks. Full stop.

(2.3)

Doc: ptch New paragraph, ptch .hhh The other reason for her weight gain (0.7) er >that she describes< ih is that she injured he:r (0.6) left knee?

101. knee?

102. Pat: Yes

103. Doc: LEft knee

104. (2.1)

105. Doc: when she fell over recently,

106. full stop. .h This huz limited her wa:king

107. wa:king

108. (0.4)

Open brackets,< she still goes three times a week, but finds that she is not able to be as active. Close brackets, full stop. This is improving un she expects (0.7) to be more mobile and exercise ut (0.8) more mobile ((doc’s voice on playback)) patch and exercising three hours per week,=

Pat: = "Yes" = .h by >thuh next time< she comes.

Full stop. .hhh New >paragraph,< she >has an appointment with Debra Smith our dietician:n< full stop

(1.3)

Doc: I understand you are monitoring (0.9)

Brenda’s thyroxine dose, full stop.

(0.2)

Doc: New paragraph .hh (1.8) We talked abou:

gastric banding, (0.4) again, and

>this is something< Brenda will consider, full stop. >Interestingly she had a conversation< with .hh some oo:f

(0.5) our other patients, (1.3)

who’ve haduh gastric bands (0.4) inserted, in our waiting room,

(1.5) un I think this hus (0.9)

stimulated some thoughtsuh

for Brenda. Full stop. .hh

>We also discussed abou< tuh
141. (0.3) Full stop ((doc’s voice on playback))
142. We also discussed other (0.4) alternative medication: such as rimonabant, full stop
143. (0.7)
144. Doc: Patch Brenda will think about all of this, and we’ll meet up again, to discuss this.
145. (0.4)
146. Doc: Yours sincerely
147. (0.7)
148. Doc: kay [hh
149. Pat: [“yeah”
150. (0.7)
151. Pat: ↑
152. Doc: Next appointment.
153. (7.1) ((doc reaches for piece of paper and looks closely at it))
154. (0.6)
155. Doc: How would the: (0.4) eighteenth of April suit you?
156. (0.6)
157. Pat: ↑Yes that’s fine
160. (0.7) (doc places paper away for him and reaches for notes))
161. Doc: So that’s about three months away (doc writing in notes))
162. Pat: I think that’s just (doc writing in notes))
163. (2.2) (doc writing in notes))
164. Pat: after my third appointment (doc writing in notes))
165. >isn’t it< with erm (doc writing in notes))
166. Doc: There you are (doc writing in notes))
167. Pat: That’ll be good
168. Doc: good timing
169. Pat: "Yeah"
170. (4.7)

((Doctor takes a sticker from back of notes and places it on a piece of paper, then closes notes and moves them away. He then moves them back and away again))
171. Doc: .hh Good
172. (0.4)
173. Doc: Any _questions?_ yushuh
174. (0.4)
175. Doc: [Any _other questions?_
176. Pat: [No: that's _great._ Thank you:

177. (...) ((doc and pat shake hands))
178. Doc: [Really nice to see you again Brenda
179. Pat: [Thanks a _lot_
180. Pat: Eh huh right

181. (2:7) ((doc walks over to the door and holds it open, patient moves towards the door))

182. Pat: [Thank you:

183. Doc: [Buh bye buh bye ((patient walks out of the room))

184. Pat: Bye
References to future arrangements

• Brenda WMC 25th Oct

1. Doc: So if we see you at the end of January?
2. Pat: Yes that’s fine.
3. (1.6) ((Doc moves calendar away from him on desk))
5. (1.2) ((Doc moves notes away from him, pat shifts in chair))
6. Pat: Un hopefully I’ll lose lost some
7. (0.7) ((Pat stands, doc begins to stand))
8. Pat: huh huh huh huh huh .hhhh
9. (1.0) ((Pat picks up belongings, doc moves towards her))
10. Pat: Thank you very much
11. Doc: Nice to meet you. ((They shake hands))

• Becky WMC 25th Oct (* Extract 3 in chapter 8)

1. Pat: Do you want me to ring when I’ve ad
2. it?
3. (0.4)
4. Doc: .hh Wull what I suggest thut we do, is
5. just to make thut the: thut the: (0.3)
6. ahm operation’s going to happen and thut
7. everythi:ng’s .hh okay for that .hhh
8. why don’t >I give you< an appointment
9. for um January some time
10. Pat: Yea:h
11. (0.2)
13. Doc: [Um a:nd the:n we cun um we cun meet up and er
15. Doc: [jus >so we cun see< how the Xenical’s going and so on.
17. (0.7)
18. Doc: [And so:
19. Pat: [Thas fine.
20. Doc: [have a: uh very rabbit christmas
21. Pat: [Thank you
23. Mum: Heh
24. Pat: it’s A:llwahhys [christmas
25. Mum: [huhuhuhuh ((Doc shifts forwards in his chair))
26. Pat: Me birthday’s fuh four days before un a:ll you know .hh hhhhh ((Pat rises from her chair))
27. Mum heh heh heh
28. Pat: Ha[ppy birthday. ((Doc and pat shake hands))
29. Mum: [heh heh heh
30. Pat: [.hhh Thhhank you:
31. Mum: [heh heh heh heh heh

147
Desmond DOC 14th Nov

1. Doc: E:ir
2. Pat: That’s me (. ) prescription
3. Doc: [Yeah ((Doc gives pat
   form))]
4. Doc: That’s the: (. ) w: h weh weight tablets
5. Pat: Yea:h
6. (0.3)
7. Pat: (O[kay)
8. Doc: [Hand these to the nurses outsi::de,
9. (0.3)
10. Doc: They’ll tell >you where you can go< fuh
11. well (. )the blood tests I’m afraid will
12. have to be he: re, .hh
13. Pat: mmhm
14. Doc: because you can’t have it do: ne uh
15. [at yer gee pees.
16. Pat: [>Well that’s no problem< I cun call in
17. fuh uh I mea:: n >you know,< I goh got a
18. car, it’s only a matter uf (0.2) [ten
19. Doc: [If
20. minutes down [the road
21. [If you give
22. those two to the nurses they’ll send
23. off the echocardiogram un the chest
24. x-r[ay, ((Doc hands pat forms))
25. Pat: [Thank you. Thank you very mu: ch ((Pat
   holds out hand to doc))
26. (0.5) ((Doc moves hand towards pat))
27. Pat: Thank you very very much ((shaking hands))
28. Doc: Un I need to give you another appointment
29. Pat: Okay
30. (.)
31. Pat: hhhhh
32. (1.5)
33. Doc: So I’ll see you again in (.)
34. Wife: Can’t wait cun you to get out
35. Doc: sort uv three tuh four months
36. Wife: [huh .hh
37. (0.2)
38. Pat: Kay
39. (4.1) ((Doc writes on form and begins to move it towards patient))
40. Doc: That’s >fer you tuh<((

((Doc hands pat form))
41. Pat: [Bless you. Tha:nk you
42. you
43. (0.3) ((Doc begins to stand))
44. Wife: Thank you.
45. Pat: Thank you [very mu:ch
46. Doc: [Nice tuh meet you
47. Wife: Thanks very much ((Doc and wife shake hands))
48. Pat: Very ni:ce, very nice tuh uv met
49. yuh. Thank you ((Doc and Pat shake hands))
50. Doc: ( )
51. Wife: Bye::.
The doctor has handed the patient various forms and now a medical student in the room is taking the patient’s blood pressure. The doctor is writing in his notes. When the student releases the pressure cuff, the doctor looks up.

1. Stu: One one (                         )
2. (1.1) { (Doc writes in notes, student begins to remove blood pressure cuff)}
3. Doc: “Okay”
4. (1.7)
5. ?: .hhh
6. (1.9)
8. Pat: (We’ll/I’ll) settle for that .hh heh heh heh
9. heh [.hhh { (Pat moves forward in his chair and doc begins to stand)}
10. Doc: ](            )
11. Doc: Oka:y so: let’s see ho:w how things go: { (Doc stands)}
12. (0.2) { (pat begins to stand)}
13. Pat: Yup
14. (1.0) { (Pat stands and shakes hands with the doc)}
15. Doc: Thank you fer comming nice to see you
16. ag[ain
17. Pat: [Yep .hhhhh Is it wuh? (0.2) think it
18. wuh be better i:if(0.6) get in the
19. mor::nings.hh or iz, iz there any
20. differen between your mornings and
The doctor and patient talk about the other clinic then about the timing of the patient’s dietician appointment. After that they exchange greetings and the patient leaves the room.

• Lucy DOC 12th Dec

The doctor and patient have agreed she will retry orlistat and maybe think about surgery in the future. The patient has just said she was told she was too old and large for surgery.

1. Doc: Lucy leave me to worry about that.
2. Pat: [Right. Un
3. every keeps saying well yer too
4. big you can’t ave one uh thouth that they
5. [won’t
6. Doc: [Leave
7. Pat: do me.
8. Doc: Leave me to worry about that.
10. Doc: What you need to concentrate on is
11. (0.3) ((Doc points to mouth)) what goes
12. in here.
13. Pat: Right.
14. Doc: Okay?
15. (.)
17. Doc: >Cos I thi:nk< (0.2) that’s just the right thing to do. [Hand that in to reception for your next appoi:ntment.]
18. (Doc hands pat blue form)
19. Pat: ()
20. Doc: ((Doc stands))
21. Pat: Right thank you very much.
22. Can I just. ELp meh just uh
23. Doc: Cou:urse ((Doc moves towards pat))
24. Jus let me just .hh cos I can’t get out the SEat
25. ((Pat takes form))
26. Atif DOC 12th Dec

1. Doc: But .hh I think we need to think about other ways to help you.
2. (.)
3. (Doc stands)
4. Such as the weight.
5. Pat: mmmhm.
6. (1.1)
7. Doc: .hh uh:mm >so I want to see you< in about six months so that takes us through to ma::y, (0.8) see you on the eighth
8. Doc: of may.
9. (0.8)
11. (5.0) ((Doc fills out form then holds it out to patient))
12. Doc: Okay. ((Pat takes form))
13. (0.4)
16. Doc: **Good Ati:**f. So you’ll get mu: my letter
17. (0.4) ((Doc and pat both rise from chairs))
18. Doc: u:h to, >you’ll get a< copy of the **letter**
19. thut I’ll send to doctor luh lowry .hh
20. un when you get that then make an
21. appointment to see him to ge:t the new
22. Doc: **tablets.** ((Doc holds out hand))
23. (0.3) ((Doc and pat shake hands))
24. Pat: “Thank you so much.”
25. (0.3) ((Doc begins to move towards door))
26. Pat: Hopefully yuh know,
27. (0.5) ((Doc and pat move towards door))
28. Pat: [(
29. Doc: [(you’ll get a pedo:meter with the new
30. tablets)
31. Pat: Yes it’s it’s uh
32. Doc: Ten thou:sand steps.
The doctor has given the patient a yellow prescription form for a new tablet.

1. Doc: Some **blood tests for today**. >If you<
2. [gi:ve thut [to the nurse,
3. [Right.       [Ri:ght.
4. .h it **ght be that they’ve
5. got **ough sample from befo:re,
6. Pat:  **ght.
7. Doc:  [“But if not they’ll need ( )
8. [( ) o
10. Doc: But I do wa:nt thut duhthat done as soon as po:ssible:
11. (0.5)
12. Pat: "Ri:ght."

14. (1.1)

15. Pat: E:r? wha:t do I do about me next appointme:nt?
16. (0.3)

The doctor returns to his desk and fills in a date on the patient’s blue form. As the doctor hands it to her, she asks a question about telling her GP about changes to her tablets. The doctor answers and the patient leaves the room with closing greetings.

- Desmond DOC 9th Jan

The doctor and patient have agreed to apply for a bariatric surgery consultation. The patient’s wife has just asked a question about how many calories the patient should be consuming. Whilst discussing this topic the doctor has been holding a blue form in his hand, leaning away from his desk and towards the patient.

1. Wife: If ee’s _ungry_ ee’s jus aving _more_ soup.
2. Pat: mm.
3. (.)
4. Pat: It’s the ole ide:a, if I get _angry_ I fill _up on_ soup cus it’s _filling_
7. (0.7) ((Doc hands form to patient))
8. Pat: Thank you very much.
9. Wife: huhuhuh
10. Doc: Could you hand these in to reception
11. Pat: [I can
12. Doc: und they’ll send those off cos I presume your address might uv changed
13. on [those
14. Pat: [Yes it as. [Yes
15. Doc: [So: (.) ask them to put
16. some new stickers on
17. Pat: Okay. I will
18. (0.5) ((Pat holds out his hand as doc and wife move forward in their seats))
19. Pat: Thank you doctor Lin. ((Pat, wife and doc all rise and pat and doc shake hands))
20. Doc: Nice to see you:
21. Wife: [Oooh
22. Pat: [(privilege) to see yuh
23. (0.2)
24. Doc: Goodbye Lindsay
25. Wife: [Thank you:

- Pam DOC 9th Jan (* same as extract a, also extract 2 in chapter 8)

79. Doc: I’d like you to: hand this in to
80. reception,<I’d like to to see [you again
81. Pat: [Yes
82. Doc: in four months ti:me,
83. Pat: Yeh
84. Doc: we’ll see ho:w the weight’s going, >we’ll
85. obviously< weigh you on the same scales,
86. Pat: Yes
87. Doc: a::nd we cun take it from there.
88. (0.3)
89. Pat: Opefully you’ll see some more change.
90. Doc: I’m sure I will=
91. Pat: hehh huhuhuh
92. (0.4)
93. Pat: .hhh
94. (4.4)
95. Doc: Bye bye Pam=

* Kevin DOC 13th Feb (*extract 1 in chapter 8*)

1. Doc: This (. ) blue form to the reception fer
2. yer next appointment ((Doc hands pat
blue form))
3. Wife: mm[m
4. Pat: [Thank you very much
5. (0.3) ((Doc hands pat white form))
6. Doc: This one:, if you hand that in they’ll
7. send it OFF for me, that’s thuh scan
8. (0.2) er [request
9. Wife: [(Ri:ght)
10. (.)
11. Pat: Alright yeah
12. Doc: U::m
13. (0.3)
14. Pat: Yep
15. Doc: if yuh could _hand this to the _lady
16. takih took your _blood, .hh un ask if
17. they’ve got enough _uv the sample to
18. on the blood they’ve taken already,
20. Pat: =Ri[:ght.
21. Doc: [If they _have fine un if not we’ll
22. _have to stab you again .hhhh u:m
23. the:: fi:nal thing is don’t fo:rget tuh
24. get yer height mea:sured.
25. (0.8) ((Pat makes thumbs up gesture
towards doc))
26. Wife: Yeh
27. (0.3)
28. Pat: ptck _Right. Yes ((Doc and wife stand, pat
puts hands on arms of his chair))
29. (0.7)
30. Wife: Ri[:ght?
31. Pat: _[Ooo::huh ((Pat rises from chair))
32. (0.8) ((Doc hands pat his gloves))
33. Wife: [(_
34. Pat: _[Thank you very mu:ch sir
35. Doc: Nice >tuh see you< Kevin ((Doc and pat
shake hands))
36. Pat: _Thank you doctor
37. Doc: See you in _three months
38. Wife: [(_

The patient and his wife leave the room.
• Gwen DOC 23rd March

1. Doc: But I will not but I’m leaving
2. Pat: Oh: huhhhh
3. (0.8)
4. Pat: Suh shame.
5. Doc: Got a new job
6. (0.6)
7. Doc: So:, but I’m actually going to Cleedon
8. Pat: Oh are yuh?
9. Doc: So I might see you in Cleedon. ((Doc moves pen away from him and puts it on top of his notes))
10. (1.4) ((Doc stands up))
11. Pat: Well tuh be ho:nest with yuh they always sending for me from Cleedon.
13. (0.5)
14. Pat: I think it’s cos I live in Leford
15. (0.4) ((Pat begins to stand))
16. Doc: Well if you wanted to come to the Cleedon diabe clinc, [once I’ll be
17. (Oh ((Doc moving to door))
18. Doc: seeing people there So .hh wull (. ) but
19. I’ll see you probley in the:
20. (0.2) cos I: I’ll be (. ) seeing people
21. before they have surgery,
22. un things if (0.5)> you
23. want tuh go down<that route.
24. Pat: .hhh hhhhh ((Pat gathers belongings))
27. (0.3)
28. Pat: Oh yuh doing that are yuh? hh hhhuhuh
29. (       ) hhh Right. Thanks very much
30. Doc: [Bye
31. now ((Pat leaving room))

• Damian WMC 28th May

1. Doc: So I might see you in Carirlton then if
2. depending upon timing of your operation
3. Pat [Yeah I
4. ope so.I ope so (       )
5. Doc: mm:mm.
6. Pat: Yeah
7. (0.4)
8. Doc: Good luck Damian. ((Doc holds out hand to
9. pat))
10. Pat: Right. Thanks a lot. ((Doc and pat shake
11. hands))
12. (0.3)
13. Pat: Nice tuh meet yuh anyway.
14. (0.4)
15. Pat: Ope you go on alright there anyway. hhh
16. Doc: Hope things go well then
17. Pat: YEah I: do as well. See ow we go on.
((Pat and doc both begin to stand))
18. (0.6)
19. Pat: Right.
20. (0.4) ((Pat picks up his walking cane))
21. Pat Fanks a lot f’yeelp hhh chee:rs (duck)>
22. whose is the< picture?
The doctor and patient talk about a painting in the room, then the patient leaves.

- **Linda WMC 28th May**

The patient is due for an after-care appointment at Cleedon in the 14th June. The doctor has just told the patient that he is leaving to take up a job at Cleedon.
13. (1.0)
14. Doc: "Right. It is [thursday]
15. Pat: [yeah ih tis
16. (.)
17. Pat: Thursday
18. (.)
19. Pat: ye[ah
20. Doc: [Right "okay" .hh][hh
21. Pat: ["yeh"
22. Pat: [So:
23. Doc: [Oka:y so [(sa:ll)
24. Pat: [just in for a morning
25. so:, [we:__n.
↓
26. Doc: [All the best
27. (.)

↓
28. Pat: Thank you for tolerating me all this
↓

29. [Time.]

30. Doc: [No no. I'm just really pleased that (.)

31. >you know< that (. ) progress huz

32. bin made, .hhh [you: know yuh-your new

33. Pat: [An I'm on the right

34. Doc: look's great,

↑

35. Pat: Yeahuh and I'm on the right ter I'm on

36. the right track.
37. (0.6)
38. Doc: Buh bye Linda
39. Pat: O:kay, thank you very much.

- **Miriam WMC 28th May**

The patient has been telling the doctor about some creative projects she is involved in.

1. Pat: What was that one where thuh
2. men strippers on that wuz uh .hh
3. budget film it made millions .hh
4. Doc: ooh huh huh huhoo
5. Pat: So: yea:h we’ll see:.
6. 0.6)
7. Doc: [Good luck miriam. ((Doc holds out hand))
8. Pat: [But me NExt book should be
9. [ou:t ((Pat holds doc’s hand, then still holding it, starts to rise))
11. Pat: I’ll be funding that meself as we ll
12. Doc: Really?
13. Pat: Yea[:h
14. Doc: [Gosh
15. (1.2) ((Pat turns towards her bag. Doc walks towards the door and in the process stoops to pic up the bag.))
16. Pat: .hhhh ah Ta. Thanks
17. (.)
18. Doc: °S’okay°
19. Pat: SEE you then. ((Pat takes bag)) Good luck
The patient and doctor briefly continue talking outside the room.

- **Adam DOC 5th June**

The patient attends with his wife. A medical student is also in the room.

2. I’ve kind uv bombarded you a little bit
3. with the surgery, how do you feel about it
4. (0.4)
5. Pat: .hhh .HHHH WHHHHHH .h ah don’t know,
6. (0.2)
7. Pat: E:i R .hh I’m jus gla: glad yer still tryin to elp me Tony, .hh honest to god.
8. I said tuh you out the:re din’t I I
9. HS I spected to come in ere today, “un” uh fer
10. you to see that I put weigh on, .hh and
11. [fer you to sa:}
14. Wife: [((sniff)])
15. Pat: thut yer gonna wash yer hands uv me
16. (.)
17. Pat: .HHH so fer yuh just tuh keep me on,
18. (0.3)
19. Pat: keep > trying help me out<
20. (0.5)
21. Pat: Ptch I’ll be more than appy
22. (0.2)
23. Pat: .hh >D’you know what I mean< ah ka:
24. I can’t THank you enough I really
25. cahn’t
26. (1.3)
27. Doc: .hh >The other thing< I should say to
28. you is tuh t ( ) er I’m actually leavin
29. (0.7)
30. Pat: Ur yuh hh
31. (0.4)
32. Doc: I’ve bin offered a new job.
33. Pat: Yeah
34. Doc: So::, I’m [gonna be: so .h so I won’t be
35. Pat: [.hhh
36. Doc: he:re, thuh next time you come back=
37. Pat: =Alri_ght
38. Doc: Ptch .hhh I’m actually, (.) moving to
39. Cleedon, tuh suhtart work on thuh on the
40. diabetes (.) service the:re
41. Pat: Yeh
42. Doc: and be working ho:pefully with the: .h
43. [with the obesity surgery
44. Pat: [.hh
The patient has a number of forms in his hand. The doctor has completed other paperwork whilst discussing the new doctor for the clinic and answering the wife’s question about a drug the patient used to take. The doctor has told the patient he wants to check the patient’s muscle action and has agreed with the patient’s own assessment of it.

2. It’s LOvely tuh see: you again: 

3. [Desmond

4. Pat: [Thank you. [And you.

5. Doc: [Be sure you take ca::re.
The doctor and patient have agreed that patient will have an open appointment, meaning that he will only attend in the short term if his blood tests require medical attention. The doctor is writing out a blue form for the reception. The patient’s wife is present.

1. Doc: So thu:] suh u:h you cun always phone up
2. and get another appointment, or [I ku
3. Pat: [Oh
4. ri:ght.
5. Doc: Or I can activate the system from my end
6. Doc: which[ever
7. Pat: [Yeah yeah
Doc: ( ) when un when and as necessary. (Doc holds out form and patient takes it)

Wife: Yeah. Lovely. [Thank you

Pat: [Okay thank you very much

Wife: [In

six weeks today we’ll be up in the air,

Doc: Have [uh wonderful time [ going to Australia

Pat: Huh huh huh [huh huh huh

Doc: [Have a wonderful time. [have

And thank you for spare ((Pat stands))

cos I know you’ve ((Doc and wife stand))

had a hectic schedule >getting ready for

your holidays un things<

• Pam DOC 12th June

The doctor has just been telling patient that they need to pay more attention to the acceleration of her diabetic symptoms.

Doc: We >just need to give you< the HEIp and support to uh to to enable you to do it. ((Doc writing on white form))

(0.8) ((Doc hands form to pat))

Doc: .hh >That for you to hand in to reception.< Four months this time, Pam

Pat: Okey dokeys. Okey dokey[s

Doc: [un that’s for you:: to han hand in ((Doc hands pat another form))
10. round the front to get some blood tests.

11. Pat: OKey dokeys

12. (0.7) ((Pat stands up))

13. Pat: Thanking you:

14. Doc: Nice tuh see you. ((Doc stands up))

15. Pat: And you:

16. (2.4) ((Pat picks up her bags then walks towards the door, doc walks towards))

17. Pat: Thank you very much now.((Doc opens door))

18. Doc: Bye then. ((Pat walks through doorway))


Doctor solicits further patient concerns

• Brenda WMC 31st Jan (same as extract a above)

171. Doc: .hh Good

172. (0.4)

173. Doc: Any questions? yushuh

174. (0.4)

175. Doc: Any other questions?

176. Pat: [No: that’s great. Tha:nk you:]

177. (. (doc holds his hand out to patient and they shake hands))

178. Doc: [Really nice to see you again Brenda

179. Pat: [Thanks a lot ((Doc rises then patient rises))]

180. Pat: Eh huh right

181. (2.7) ((doc walks over to the door and
holds it open, patient moves towards the door))

182. Pat: [Thank you:
183. Doc: [Buh bye buh bye ((patient walks out of the room))

184. Pat: Bye

Summary Assessments

• Jim WMC 8th Nov (* extract 5 in chapter 8)

↑

1. Doc: That’s fine then. I’m happy [with
2. Pat: ]That’s why
3. uh
4. Doc: [“Yeh”
5. Pat: [Yeh ( ) wasn’t (.) I
6. wasn’t sure whether to have a breakfast
7. uh not, and she sez no:: and I’d had a
8. .hhh a bowl (0.2)a generous bowl uv
9. muesli with nuts and whatever .hh
10. (0.4)
11. Pat: I put a handful of bran on the top
12. un a banana.
13. (.)
14. Pat: [every every<day uh the week<
15. Doc: ["okay"
16. Pat: [with skimmed milk.
17. Doc: [That's
18. Doc: Then that'd be fine then.
19. Pat: So that's whuh? (  )
20. Doc: Fiveuh five point six is no:rmal
21. Pat: [Yeah yeah
22. yeah
23. Doc: >in that< situation, mine's five point
24. six at that ti:me
25. (0.8)
26. Pat: O:Kay?
27. Doc: Good
28. (1.6)
29. Pat: So: what uhll we be looking for now?
30. Another (.). three months or?
31. (.)
32. Doc: Er: I probably (.). uh four months I
33. [guess.
34. Pat: [Yes
35. Pat: >Yes okay<
36. Doc: okay?
• **David WMC 8th Nov**

The patient has been to Cleedon for a surgical consultation. As this extract begins, the doctor and patient are sitting down facing each other and have just been talking about the physical appearance of the surgeons at Cleedon.

1. **Doc:** Need to **be** careful what I say with the
2. **camera there:** haven’t I (looking at corner of room where camera is)
3. **Pat:** Yes you see:
4. (1.8) (doc looks through notes in front of him)
5. **Doc:** Good (doc closes notes)
6. **Pat:** They’re not my notes are they? (doc stands and stretches out hand to p)
7. (0.6) (doc and pat shake hands)
8. **Doc:** Er no, your notes are there (doc turns to look behind him)
9. **Pat:** Thank god for that! (doc taps pat’s notes on desk and turns back, pat begins to rise)
10. (0.7) ((pat rises from chair, doc steps away from desk))

11. Doc: Nice >tuh see you< again David. ((doc walks towards door, pat starts moving his shirt))

12. (0.6) ((doc moving to door, patient moving his shirt))

13. Pat: Can I: __ js:t? ((pat tucking shirt into trousers))

14. (0.7)

15. Pat: put me shirt away

16. Doc: Do yuh ((pat unzips trousers))

17. (0.2) ((pat tucking in shirt))

18. Pat: 'Wus? ° (. ) I’ve bin constipated fer ‘hhh ((pat tucking in shirt))

19. the last couple uh days, ah bin in real ((pat tucking in shirt))

20. PA:in: wi:th .hhh I got a pain in the

21. si:de here ((pat puts hand on one hip))

22. (1.0) ((pat reaches down to zip on trousers))

23. Pat: >You don’t think?< hh ‘hhh that’s ((pat zips up trousers))

24. anything thu to do with these tablets do

25. you? ((pat secures zip and top of trousers))

26. (1.1) ((pat turns towards chair behind him))

27. Doc: .hh Well A:CTually nohs—that’s not quite

28. true:, ‘h very RAREly ruh-ramipril can: ((pat picks up pieces of paper))
29. cause that, but it’s pretty unusual  
   ((pat moves papers in his hand))
30. (1.2)
31. Pat: .hh ri::gh
32. (.)
33. Pat: [Well
34. Doc: [Buh (.) >if I were you< I’d carry on
35. taking them, un take [some laxative
36. Pat:                      [mmh:m. ((pat turns  
   towards doc))
37. Doc: (probably  
38. Pat: We:ll I took some lactilose az well,
39. so: (.)
40. Doc: Sensible _  
41. Pat: OKa:y, thank you very much ((pat walks  
   through door))
42. Doc: Take care  
43. Pat: [cheerio  
44. Doc: [Bye bye

- **David WMC 28th Feb**

The doctor has just finished dictating the letter to the patient’s GP and  
has put down the voice recorder. The doctor and patient sit facing each  
other.

1. Doc: Okay?
2. (0.6)
4. Doc: So: from our >point uh view,< I don’t
5. think we need to see you here for a
6. little while, becuz (.). hh you know I
don’t think we’re actually do—you know
8. I’ve not changed anything [to ( )
9. Pat: [This is the

10. only place I can get weighed
11. Doc: “hah huh” (.). hhh I don’t think there’s—
12. wuh presumably they can weigh you
13. at Cleedon can’t [they?
14. Pat: [Ooh yes
15. (0.8)
16. Pat: hh somewhere under I asked if
17. was possible, hhh that when I went
18. for a blood test I could nip in and get
19. weighed
20. Doc: mhm?
21. Pat: An I was told o:h I don’t think that’ll be a problem,
22. (.)
23. Pat: .hh un when I enqui:red again I was told no: no way.
24. (1.7)
25. Doc: °Gosh°
26. Pat: So:: hh .hhh an then >when I went<
27. tuh the heart clinic, .hhh the: the fihuhrst time at Cleedon, .hh she put me in this like wheelchair to weigh me.
28. (1.4)
29. An: uh cou:rse, I didn’t feel safe in it an I got me feet on the floo:r, .hhhh an she sayz you’re a hundred and seventy [kilos, I sayz Ihuh’m no:t]
30. Doc: [“huh huh huh°
38. Pat: huh huh heh (.) I knew I wasn’t.

↓

39. (0.7)
40. Pat: .hh An she sayz oo:h did you ave
41. yer feet on the floor, I said yea:h
42. \(\text{un I< lifted me feet up but it}\)
43. couldn’t weh-it wouldn’t \(\text{[weigh it]}\)
44. Doc: [so off the top]
45. Pat: So::
46. (0.7)

↓

47. Pat: you know I thought uhh forget it
48. (0.8)

↓

49. Pat: So that's when I went and bought

↓

50. me own scales.
51. Doc: **No that's quite a clever way of doing**
52.  
53.  
54. Pat: **mmh:mm. Thank you very much**
55. Pat: [doctor.
56. Doc: [Take care mister powell I’ll I’ll  
57.  
58.  
59. Pat: **okay thanks a lot**
60. Doc: Bye
61. Pat: Bye

• Timothy WMC 13th March

The patient has been discharged from the clinic for making successful progress. The doctor has been telling the patient how he has improved.

1. Doc: So, I I cou_ldn’t be: I couldn’t be more
2. happy.
3. Pat: Yeah
4. (0.6)
5. Pat: .hhhhh
6. (.)
7. Pat: hhhh
9. (0.7) ((Doc holds out hand to pat, pat begins to stretch out hand to doc))
11. (0.3) ((They shake hands))
12. Pat: Good luck in yer ne:w job.
14. Pat: Yeh huh ((Pat reaches down for his coat))
15. Doc: Ho.pe NO:rt to see yuh there:
16. (0.3) ((Doc rises from chair))
17. Pat: HUUH HUH ((Pat pulls coat towards him))

As the patient puts on his coat, he tells the doctor about his plan to keep to his exercise regime. The doctor and patient then exchange greetings and the patient leaves the room.
• **Rupert DOC 5th June**

The doctor and patient have agreed to some small changes to the patient’s diabetes medication but that it is mostly under control. They have also agreed that his main issue to tackle is his weight, but that, due to certain pressures he is not able to undergo regular weight loss behaviours at the moment. They have agreed that he will be discharged from the clinic, but that if he feels he needs more specialist help he will contact his GP to arrange another appointment. The patient has just been talking about wanting to lose weight but not having time.

1. Pat: It int appning or the day isn’t expanded
2. enugh tu: h tuh get it done. .HHH
3. (0.6)
4. Pat: und u:h work expands to fill the time
5. scena:ri: but
6. (0.4) ((Doc shifts position in his chair))
7. .HH hh huh huh huh [hh
8. Doc: [Okay mister
9. Bennet. ((Doc leans forward in his chair))
10. (0.3) ((Doc holds out his hand to the pat, pat stretches his hand towards it))
11. Doc: Nice >tuh see you< aga[in. ((They shake hands))
12. Pat: [Yeh
13. Pat: Wuh look after yourse:lf u:n
14. Doc: Thank you very much
15. Pat: Yea:h I mi:ght see you up at Car:lton
16. (0.2)
17. doin somethi:n
19. (0.3)
20. Pat: u::hm
22. Pat: "u:h"
23. (0.2)
24. Pat: Don’t work too ard
25. (.)
26. Doc: Ptck
27. (0.9)
28. Doc: No:
29. (.)
30. Doc: No danger of that (Doc stands from chair and moves towards door, pat shifts body in chair))
31. (1.5) ((Doc walks towards door, pat stands))
32. Pat: .HHH if you cun fi:nd your pe:n .HHH hhhh
33. huh
34. Doc: Bu:h bye mister Bennet. >I’ll take you out.<

The doctor and patient leave room together.

Patient summary assessments

- Damian WMC 8th Nov

After letter dictation, the patient has commented that Dr Lin is his third doctor in the clinic.
1. Doc: Dunno whe ther or not tuh be flattered
2. Pat: [Ehh
3. Doc: or not=
4. Wife: =Eh huh huh huh [huh huh huh huh
5. Pat: [HA HA HA
6. (0.6)
7. Wife: eh huh .hhh
8. Pat: At lea hhst yuh li stened un
9. (0.6)
10. Pat: .hhh er
11. Wife: Ee’s got nohuh [choi ce. huh
12. Doc: [What do you do to them?
13. Wife: eh huh
15. Pat: [I don’t knw hah don’t
16. [know.
17. Wife: [heh
18. heh heh
19. Pat: I’ve=
20. Doc =Wh:y do you chase them [awa?:
y?
21. Pat: [Getting a bit of
22. uh co mplex thinking iz it me: or what?
((Doc rises from chair))
23. Wife: Eh huh huh huh huh ((Doc stretches hand
towards pat))
24. Doc: [( ) NIce to see you.]
25. Pat: [( ) heh heh heh ] And
26. you. ((Doc and pat shake hands))
27. Wife: ahhhh: dear
28. Pat: So: [er ((Pat rises from chair))
29. Wife: [ne:r mind
30. Doc: Thanks fer coming in missez [Brook
31. Wife: [aah [that
32. Pat: [a:::w.

((Pat stands, doc and wife are also standing and shake hands))
33. Wife: su:h alright.
34. Pat: .hhh ( )
35. (0.9) ((Pat and wife gather belongings))
36. Pat: [Jus see if ee: hhhh if ee’ll write to me
37. Wife: [Come on then
38. Pat: [then ( )
39. Doc: [But do keep on with the:
40. (0.2)
41. Doc: with [the swimming
42. Pat: [goin swimmin oh I [will do:
43. Wife: [Oh yes
44. Doc: [cos that’s (.)
45. >gonna be absultely< key: e:ven i:if even
46. after the surgery: actually. Cos [.hhh
47. Pat: [mm:mm.
48. Doc: you want to buh (.).build [up yer muscles
49. Pat: [best side ((Pat stroking face, looking directly at camera))

The doctor, patient and wife laugh, exchange goodbyes then the patient and wife leave the room.
Kevin DOC 12th Dec

The doctor has handed the patient various forms. The patient’s wife has asked whether the patient will be able to get help for his various health problems whilst they are on holiday in Australia. Before the transcript begins the doctor and wife having been talking about making sure they have a flight stopover on the journey to Australia. The doctor has been comparing stopping over in Hong Kong and Singapore.

1. Doc: So it’s a bit more of an uneven split.
2. (0.3)
4. (1.4)
5. Pat: mm:mm.
6. (1.0)
7. Pat: (That could be wiser)
8. (1.0) ((Doc rises from his chair))
9. Pat: Heh heh heh heh
10. (0.7) ((Doc holds out hand to pat))
11. Doc: Very nice to see you again Kevin.
12. Pat: [Thank you very much sir ((Doc and pat shake hands))]
13. (0.6) ((Wife is standing and holds out hand to doc))
14. Wife: Thank you very much
15. (0.8) ((Doc and wife shake hands))
16. Pat: (Pat hands his forms to wife))
17. (1.0) ((Pat puts his hands on the arms of his chair))
18. Pat: Oooh ((Pat rising from chair)}
19. ((Pat and wife gather their belongings and move to the door,. Doc moves to the door and opens it.))

20. Pat: Thank you very much doctor Lin.

21. Doc: Buh bye

22. Pat: Say goodbye

23. (0.4)

24. Wife: Ave a nice Christmas

25. Doc: You: too:

- Ian WMC 13th Dec

The patient has told the doctor about a website that shows a video of a gastric band operation. The doctor has asked him to email it to him and has written down his email address. The patient is looking at the paper with the email address on.

1. Doc: So I’ll >arra:nge fer you tuh< have an
doctor:ment, this ull be Dowen the line,

2. hopefully >it’ll be kinduh< six months

3. after yer [(op ) type uh time. .hhh

4. Pat: [Right.

5. Doc: So:[,

6. Pat: [So that’s X Y Z: N H S U K

7. Doc: Yeh

8. (1.3) ((Pat folds paper))

9. Pat: Ye:h I’ll do that:

10. Doc: Th:ank you

11. (0.6) ((Pat folds paper))

12. Pat: Thought Helena was going tuh fi:lm this
today

13. __

14. __
The patient talks some more about the video, then he and the doctor exchange greetings and they leave the room.

- **Becky WMC 10th Jan** (*extract 6 in chapter 8*)

The patient has recently had gastric band surgery in Cleedon. The patient has agreed a next appointment date with the doctor, discussed what will happen at her surgical follow up appointment and agreed in principle to the idea of joining a support group for people looking for surgery.
7. Doc: Yep?
9. (0.7)
10. Pat: Er I’ve jus told thu:h (.lady
11. outside, don’t know< er name,
12. (0.4)
13. Doc: That’s Helena
14. (0.5)
15. Pat: Eleena?
16. Doc: Helena yeh
17. Pat: °(              )° (.). hhh er:m I jus said
18. I’d tell anybody tuh go un ave it done.
19. (0.4)
20. Pat: Suh changed me: in a wee:k
21. (1.3)
22. Pat: An it?
23. (0.7)

24. Pat: Never thought >anybody be able< tuh
The patient makes further jokey comments about her surgery, shows the doctor her scar and leaves during closing greetings.

- **Becky** **WMC 13**th June

The patient has been upset throughout the consultation as she feels she has not lost much weight since her bariatric surgery. When she heard that the clinic was closing, she became very upset. She and the doctor have discussed possibilities that she can see him in Cleedon and she has asked him whom she should send a letter of complaint to about the clinic closing. She has just said that she will write to the top, ‘Tony’ and the doctor has replied that Tony won’t be around for much longer.
1. Pat: No:. Go:rdon then: if ee wants me
2. vo:te.
3. (0.2)
4. Mum: Ee heh heh heh heh heh huh .hh
5. (0.3) (Doc begins to rise from chair)
6. Mum: hee hee [.HHH huh huh hhokay duck .hhh
7. Doc: [Becky it’s LOvely to see you:
   ((shaking hands with pat))
8. Pat: You as we’ll
9. (.)
10. Mum: ( [ )
12. Mum: Thanks. See yer duck ((wife shakes hands with doc))
14. Mum: [heh huh
15. Pat: Yeh I hope so
16. Mum: hhhh ih ((Mum picks up bag))
17. (2.7) (Pat and mum walk to door and open it. Doc stands behind them))
18. Mum: Buh bye

- Ian WMC 13th June

The patient has been discharged from the clinic, after successfully losing a lot of weight. The doctor has just told him that he is leaving to go to Cleedon.

1. Pat: What the _new hospital?
2. Doc: [Yeah
3. Pat: [City
4. Doc: “Yeh”
5. Pat: Such smashing place
6. (0.3)
7. Pat: Really is
8. (0.2)
9. Pat: Yuh know
10. (0.5)
11. Pat: .hhhh And it should be. Nobody’s dirtied it yet:ave they really ehhh huh huh huh
12. (0.3) ((Doc stretches hand towards pat))
13. Doc: [LOVely tuh see you
14. Pat: [(Anyway) ((They shake hands))
15. Doc: [Congratulations on doing so well. ((Both stand))
16. Pat: [>Thank you very much<
17. Pat: Right.
19. Pat: Ha how much d’you say? Twenty four kilograms?
20. Doc: Er: you were a hundred and forty now
21. you’re a hundred and sixteen
22. (1.1)
Doc: Well done Mr Graham.
196

Doctor figurative expressions/truisms

- Adam DOC 9th Jan

1. Doc: Thas your appointment tuh come back in May,
2. Pat: Yup
3. Doc: (1.4)
4. Pat: .hhh
5. Son: Or do you want me to hold that one don’t you?
6. Pat: You got the yellow yellow form?
7. Pat: Yeah
8. Doc: “okay”
9. Pat: An I’ll get them sorted out straight away.hh (suh not a (problem)
10. Doc: [With yuh with yer feet,
11. (.)
12. Pat: .hhh
13. Doc: We’ll see how it goes next time.
14. Pat: Yeah
15. (.)
16. Pat: [Alright
17. Doc: [(            ) but you’ve got lots
tuh take on boa:rd
18. Pat: Alright
19. (1.2) ((doc holds out his hand to patient, patient then holds out his hand to doc))
24. Pat: Cheers doctor Lin. ((doc and patient shake hands, they do not let go of their hands))

25. (0.4)

26. Pat: Suh a lot ((patient shakes doc’s hand once more))

27. (4.4) ((patient drops the doc’s hand and stands up, his son stands then the doc stands. Patient walks towards the door, followed by his son and the doc))

28. Doc: Good luck Adam

- David WMC 13th June (* extract 7 in chapter 8)

↑

1. Pat: Wruh think if er I .hhh got through the
2. surgery, tha wuuh uh-I could lose the
3. weight
4. (0.9)
5. Doc: °But° it’s a case of how safe is the
6. surgery
7. Pat: [mhm.
8. Doc: What [(sort of) risks (is there)].
9. Pat: [That’s it. Yeah
10. (0.7)
11. Pat: .hhh I mean if I will have (1.5) Ten
12. years after the surgery and survive,
13. fair enough .hhh but if I will have (0.6)
14. five years un the surgery I might as
15. well a vefuh .hh ten years and not ave
16. the suhhrgehry.
17. (0.5)
18. Doc: Ptch that’s the problem, you cun you
19. cun (0.3) can’t predict the future
20. Pat: We:h that’s ri:ght.
21. (0.4)

22. Pat: WELL thank you very much doctor

23. Doc: [Patch

24. Doc: All the best.

25. (1.1)


27. Pat: Yeah nice tuh see you


29. Pat: [Cheerio
**Non-vocal activities**

- **Damian WMC 31st Jan** (*extract 8 in chapter 8*)

```
1. Doc:   So fuh (0.4) e:r three tuh four months’
2.       ti:me
3.       (2.1)
4. Doc:   ptch
5.       (0.7)
6. Doc:   okay. .hhhh er:m
7.       (0.9)
9.       professor Allen did, .hh was he
10.      completetid (0.4) the referral form based
11.      upon the letter I sent him, as
12.      oppo:sed to: (0.5)
13. Pat:  what e’:d don[e.
14. Doc:   [e:r >as opposed to the<
15.       stuff from your gee pee
17. Doc:   =.h SO you’ll get a copy of that letter
18.       (0.7)
```
19. Doc: ptch
20. (0.6)
21. Pat: [U:n ah
22. [Cun we make sure the patient also gets a
23. ↓
24. copy of this letter. Thank you.
25. (0.6)
26. Pat: Un then I cun jus tek that to?
27. (1.0)
28. Pat: "me doctor un[:
29. Doc: [doctor Woods und "say"
30. (0.8)
31. Doc: look (0.4) ca:n I ha:ve this ta:blet
32. [plea:se?
33. Wife: [doctor Imran
34. Pat: Imran
35. (.)
36. Pat: Course
37. Wife: a:h wuh
38. Pat: yea:h
40. Wife: ea:si[est ih
40. Pat: [YOU SEE I HAD to go fer a medical

41. in the week, din uh I on me knee:. Last

42. wee:k

43. Wife: Yea:h

44. (0.5) ((doc stands up))

45. Pat: Un all that sorted ou:t.

46. Wife: That was (you and me vis{iting})

47. Pat: [Right go o:n

48. Pat: Jan, (eez almost) done.

↓
49. Doc:  [\textit{\textgreater Gotta get along\textless} Damian)
50. Wife:  [Yeah I DOn’t BLA\_me him.
51. Wife  Ee wuh eh heh heh huh huh huh [huh
52. Pat:  [No:w th\{}n.
53. Wife  [{ }]

54.  \text{}  \text{[ending]}  \text{[ending]}
55. Pat:  [Right THAnks a LOt anyway
56. Doc:  [Nice to see you
57. Pat:  [Cheers very much. See you la\_ter

58.  \text{}  \text{(0.5)}
59. Wife:  Ri\_ght. thank you[:
The patient has put on weight and has reported having difficulty finding time to exercise due to the need to look after his sick mother, who has a hospital appointment the next day. The doctor and patient have made a deal about much exercise he will do. At the start of the extract, the doctor and patient are sitting down facing each other. The doctor has a piece of paper in his hand.

1. Pat: I-I might even be able to sort u>f h jog
2. to and fro>m the gym.
3. (0.5)
4. Doc: ↑Okay
5. (1.2)
6. Pat: oo mm oo
7. Doc: "fine".
8. (.)
9. Pat: uhhm
10. (0.8)
11. Doc: LET's see >how yuh do thu< next time you
12. Pat: [oo mm oo
13. Doc: co:me
14. Pat: Ye:h
15. Doc: THat's >for you to have done< beFOre you
16. come next time, so pop tha in your
17. pocket,un >have it done< about a week
18. with your doctor
19. Pat: beforehand.hh ri:ght okay?
20. (0.6)
21. Doc: This one’s to have done HE:re today,
22. (.) no:[.:w
23. Pat: [Right okay=
24. Doc: =The re:ason for that one is that >next
time you come then I’ll have an up to
date su-set of blood re[su:ts<
27. Pat: [OKAy
28. (0.5)
29. Pat: alri:gh=
30. Doc: = >And this is for you to han din to the
receptionist fuh yer next appointment.<
32. (0.3)
33. Pat: Ri::ght (uhn kri)
34. (0.9)
35. Pat: uhh
36. Doc: Good luck
37. (0.8)
38. Doc: Un I hope the appoi:ntment tomorrow
39. goes well

40. Pat: Ye:h.
41. (.)
42. Pat: Wuh but? hiːːng
43. (.)
44. Pat: (I spuh)
45. (0.5)

46. Pat: Ih uhh
47. (1.7)
48. Pat: thuh (. ) thuh the sort uf (. ) the
49. weight gain scena:rio,
50. (0.7)
51. Doc:  mh=m.
52. Pat: Really
53. (0.7)
54. Pat: erm.
55. (1.3)
56. Pat: Has happened (. ) probley in the las:
57. o:hh
58. (2.3)
59. Pat: TWO THree yea:rs
60. Doc: mh:mm.
   ↓

61. (0.9)
62. Pat: Ri:gh
63. (.)
64. Pat: SO: (. ) uh:um
65. (2.8)
   ↓
Pat: mhmu: h
(0.5)
Pat: So I was actually sort uf diagno: sed as (.) diabetic, h when I came back from the middle ea: st. I didn’t kno: w that I was diabetic.

Doc: >Be Intre: st< tuh see your (. ) what your blood test is toda: y actually
Pat: Yu:h
Doc: o mm. o
Pat: So:
(0.9)
Doc: Goo: d
(0.4)
Doc: Thank >you fer< coming ba: ck
Pat: Tha: nk you
(3.3)
83. Doc: Buh bye: Mister Bennett

84. Pat: Buh

- **Lucy DOC 23rd March**

Whilst filling in a form the doctor has asked the patient if she sees a podiatrist. She has just said that she does and he (the podiatrist) is a very nice man.

1. Pat: Comes to MY OUse and does my feet. .hh
2. Buh ih he don’t ardly do thu:h thu:h skin
3. (or pu:h) ((Doc puts papers on top of notes and moves them away from him))
4. (0.3)
5. Pat: EE puts fifty fifty on fer me. ((Husband begins to stand))
6. Husb: oooh (sta:nd up) ((Husband straightens up))
7. Pat: This grea:sy stuff
8. (0.6) ((Pat moves walking cane, doc stands))
9. Husb: Y’alright there by
10. Pat: ptck ye:h ((Pat begins to rise))
11. (0.5) ((Pat stands))
12. Doc: Good luck with the medication
13. Husb: ((Right)
14. Husb: Yea:h we’ll ( )
15. Doc: And e:r
16. (. ) good luck with the i:nsulin changes as well.
17. Pat: Righ: Thank you very mu:
18. (0.6)
19. Pat: .HHHH
20. (0.2)
21. Pat: Oo:h >yuh know when yuh get out<
22. that chai:r, it hurts me stoma:ch ((Husb opens door, pat moves towards door, doc walks behind her))
23. (0.7)
24. Husb: Ah thank you very much ((from outside the room, pat walking through doorway))
25. Pat: Thank you:. 
Atif DOC 8th May

The doctor has handed patient a blue form for reception and a blood test form.

↑

1. Doc: U:mm a:nd, Atif is there >anything you
2. wanted< to ask me:?
3. Pat: Er:mm
4. (0.6)
5. Pat: Actually, you ’ve bin ruh (.)
6. very helpful.
7. (1.1)
8. Doc: °okay°
9. Pat: Er:mm
10. (.)
11. GIven me a lot tuh think abou:ttuh
12. as we:ll. And er: (0.8) I (. ) can finally
13. see some (. ) sort uf .hh light >at the
14. end uh the< tunnel.
15. Doc: Remember thut (0.6) there’s still wo:rk
16. to be done,=
17. Pat: = there is [definitely.
18. Doc: [e:ven eve:n after [surgery
19. Pat: [Ye:h
20. Doc: suh, ih still a _lot_ of effort. Ihs no:t
21. .hh yuh know, the _people_ who _don’t_ do very
22. [well
23. Pat: [mm
24. uh those who _go into it_ sayin, .hh I’ll
25. _have_ it done, (0.4) I’ll be _fine
26. afterwards. [uh (             )
27. Pat: [No I doh I (..) I’ve neve_r
28. taken _anything_ like this _li_ghtly, [.hh
29. Doc: [Still
30. a _lot_ of effort [afterwards.
31. Pat: [Ye:h. I: do:, I do >appreciate the fact<
32. Pat: thut the:re’s a _lot uh _hard wo:rk_ in it,
33. uh u:h .hh _hard_ work is something
34. I _don’t shy away from:

↓

↓
35. Doc: Okay [Atif

36. Pat: [.hh it’s just something that (l.l)

37. if it doesn’t work for me ih it it

38. doesn’t work, but I still keep at it
39. Doc: oo(ka oo
40. Pat: Sometimes it’s a
↓
41. detrimental attitude thut
↓
42. I bin to:ld, bu:h wuh cun ((Doc walks towards pat with hand outstretched))
43. I huh[ah
44. Doc: >Nice tuh see
45. you again<, Atif.
46. Pat: O:kay
47. (0.5)
48. Doc: Ooh whoops, careful
49. Pat: [What've I stood on?]
50. Doc: [Nothing you need to worry about.
51. Pat: [who
52. Pat: Thank you very much.
53. Doc: Bu: