Appendix 1

| Phrase | Technical | Sentence(s) spoken in English |
|--------|-----------|---|
| Length | medical | |
| | terms | |
| | None | Did you get your flu shot this year? |
| | | When did the pain start? |
| | | Where did the pain start? |
| | | How often do you feel the pain? |
| | | Tell me more about that. |
| | | How old are your parents? |
| | | Do you have any siblings? |
| | | What brings you into the clinic today? |
| | | How are you feeling right now? |
| | | How would you describe the pain? |
| | | Are you married? |
| | | Do you have any questions for me? |
| | | What were you doing when the pain started? |
| | | What do you do for exercise? |
| | | Have you ever been pregnant? |
| | | Is there anything that makes the pain worse? |
| | | Do you smoke tobacco? |
| | | How often do you drink alcohol? |
| | | How often do you exercise? |
| | | Is there anything that makes the pain better? |
| | 1 | |

| | | Have you had any surgeries? |
|----------|----|---|
| One | | Can you tell me about your living situation? |
| Sentence | | Do you have any medical conditions? |
| (8 words | | Are you checking your sugar levels every day? |
| or less) | | |
| | | Do you take any medications? |
| | | Have you tried anything to alleviate the pain? |
| | | Have you ever been hospitalized? |
| | | Are you sexually active? |
| | | |
| | | Are you taking any other vitamins or supplements? |
| | | Were there any complications from the surgery? |
| | | Do your parents have any medical conditions? |
| | | Have you had neck pain? |
| | 1+ | Do you have any ringing in your ears? |
| | | Do you have blurry vision? |
| | | We ordered a lipid panel. |
| | | You have a pneumothorax in your right lung. |
| | | Are you up to date with your immunizations? |
| | | When were you diagnosed with high blood pressure? |
| | | |
| | | What was your reaction to penicillin? |
| | | When was your last colonoscopy? |
| | L | |

| | | What other symptoms are you experiencing right now? |
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| | | When did you first start experiencing these symptoms? |
| | | How often are you experiencing your symptoms? |
| | | How often are you experiencing migraines? |
| | | Do you have any allergies to medications? |
| | None | On a scale of 1 to 10, how much pain are you in right now? |
| | | Tell me more about the pain you have in your chest. |
| | | Have you had any ear pain or trouble hearing? |
| | | When was the last time you saw a doctor for your condition? |
| | | Does the pain radiate to other parts of your body? |
| | | Call me if you have any questions or if anything changes. |
| | | When was the last time you saw your primary doctor? |
| | | It is important to exercise and eat a balanced diet. |
| One | | Have you had any recent visits to the Emergency Department? |
| Sentence | | If you feel worse, just give my office a call and we can schedule you for an |
| (9 words | | appointment immediately. |
| or more) | | Your imaging demonstrated that you had a good recovery, and we will |
| | | continue to monitor you in order to make sure that you recover as expected. |
| | 1+ | When was your last pap smear? |
| | | Are your symptoms getting better or worse or staying the same? |
| | | Do you have any side effects from the medication? |

| | | We will closely monitor you and order more scans at your next follow-up |
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| | | visit. |
| | | You will not need to go under general anesthesia. |
| | | How old was your mother when she was diagnosed with high cholesterol? |
| | | Does anyone in your family have diabetes, cancer, or heart problems? |
| | | Have you had any nausea, vomiting, headaches, or any other symptoms |
| | | recently? |
| | None | I'm looking at your chart and it looks like you've been in remission for six |
| | | months now. How have you been feeling? |
| | | After surgery, you should expect to feel groggy. You may feel some pain, |
| | | that we will treat as needed. |
| | | You can refill your prescription at any pharmacy. It should be ready within |
| Two | | the next hour. |
| Sentences | | Starting at midnight the night before the procedure, you can't have any solid |
| | | food. It's okay to have water or apple juice when you wake up, but it's very |
| | | important that you don't eat or drink two hours before surgery. |
| | | Make sure that you avoid any strenuous exercise. Make sure you don't hit |
| | | your head, and take precautions to prevent falling or anything that can be |
| | | dangerous. |
| | | I'm going to take your pulse. You can just relax. |
| | | Has your child ever had chickenpox, measles, mumps, whooping cough, or |
| | | tuberculosis? Are all of your child's vaccinations up to date? |

| | | Have you had any irregular periods? Have you had any spotting between |
|-----------|----------|---|
| | | periods? |
| | | Like I said, glaucoma doesn't have symptoms that you'd feel. The itching is probably due to seasonal allergies or dry eyes from sun exposure. |
| | 1+ | |
| | None | I'm so sorry. You seem very upset. Is there anything I can do for you? |
| | | It sounds like you've been feeling sick for a few days. I'm sorry to hear that. |
| | | I'd like to run some tests to get a better sense of what's going on. |
| | | You'll take the medication for the nausea twice a day with meals, once with |
| | | breakfast and once with dinner. You'll take the medication for pain every six |
| Three | | hours or as needed between meals. Do you have any questions? |
| Sentences | | We're hoping you can be discharged by tomorrow afternoon. It depends on |
| | | whether you have a fever. I know you're ready to go home. |
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| | The nurse tells me you hurt your wrist playing basketball. Is it okay if I take |
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| | a look? When I bend it like this, does it hurt? |
| 1+ | Let's get these tests done and then discuss further steps. Here's a referral to |
| | radiology, a lab slip, and a note for work. I'll see you back in four weeks, |
| | okay? |
| | I think you may have torn your meniscus. If it is torn, we may have to |
| | intervene surgically. I'm going to give you a prescription for an anti- |
| | inflammatory to see if we can bring the swelling down, and I'll also give you |
| | a prescription for a pain medication. |
| | If we do the procedure laparoscopically, we'll have you in and out after just |
| | one night. If we have to make a larger incision, you'll have to stay in the |
| | hospital for a bit longer, maybe up to a week. As for the anesthesia, you'll |
| | have general anesthesia given through an IV. |
| | I would like you to start taking one whole pill every other day. I'll give you |
| | another prescription for the other pills as well. If you don't tolerate the |
| | medication well, I'll take the case to Grand Rounds and see what my |
| | colleagues think. |
| | We need to discuss your medication plan before moving forward. I'd like |
| | you to discontinue the iron medication seven days before the procedure, the |
| | aspirin ten days before the procedure, and your arthritis medicationslike |
| | Motrin or Adviltwo days before the procedure. It's very important that you |
| | continue taking prednisone, your heart medications, your lung medications, |
| | and your diabetes medications. |
| 1 | 1 |