

*Transcriptions of the Spoken English*  
on the DVD

# **Take These Meds**

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These are the transcriptions of the spoken English portions of the interactions. They include both what the doctor or nurse said in spoken English, and what the English interpretation of the ASL was. They are not in anyway an attempt at transcribing the original ASL.

Here is a list of the people who's words are represented in the transcripts.

### **Pharmacist**

Mike Swanoski

### **Interpreters -**

*On Asthma* - Dawn Stevenson

*A Med Review* - Doug Bowen-Bailey

*On Bones* - Kimberly Johnson

### **Deaf Patients**

*On Asthma* - Elee Vang

*A Med Review* - Connie Erickson

*On Bones* - Betty Hastings

Transcripts created in conjunction with study packet available at

[www.digiterp.com/TakeMeds](http://www.digiterp.com/TakeMeds)

## **A Pharmacist's Worldview**

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1 My name is Mike Swanoski. I'm the pharmacist at the Duluth Clinic – Hermantown.  
2  
3 Pharmacists do more than just count pills and decipher doctor's handwriting. They're specialists in the  
4 use of medications and how they affect the body. Uh, things that you should know when you go and visit  
5 your pharmacy is utilize your pharmacist.  
6  
7 One of the important things is try and use the same pharmacy. It helps the pharmacist know what you're  
8 taking and make a judgment as far as, uh, when you bring a new prescription in, will that prescription  
9 interact with what you're getting.  
10  
11 Another point is you should let your pharmacist know if you are taking any over-the-counter medication  
12 that could affect your prescription that you're getting that day.  
13  
14 Uh, it's a good idea to bring a list of your medications in to your pharmacy, so that pharmacist knows  
15 what you are taking. As well as bring that list to your physician's office. Both the pharmacist and the  
16 physician should know what your, uh, what medications you are on.  
17  
18 Be sure that you tell your pharmacist if you have any drug allergies. It's important that they have that in  
19 their database, so they can reference that when you bring a prescription in.  
20  
21 When you come to the pharmacy, always make sure that you understand what you're taking and why  
22 you're taking it before you leave.  
23  
24 Make sure that you know what your medication is, and what it's supposed to do. What are the side effects  
25 you can expect? How long is it going to take before you feel better? Is it a medication that's going to  
26 make you, uh, cure you? Or is it going to just help your symptoms?  
27  
28 Make sure that you know if you are supposed to take that medication into completion, or can you stop  
29 when you feel better.  
30  
31 Ask questions. It may be helpful to repeat the instructions back to your pharmacist, but never leave the  
32 pharmacy without clearly understanding what you're taking and why you're taking it. And if you get  
33 home and you forget, call up and ask.  
34  
35 Uh, read the label before you leave the pharmacy. If it is something that you didn't expect to get, or it's  
36 something different from what you were expecting, make sure you check the label, and check with the  
37 pharmacist to see that that is what the doctor's ordered for you.  
38  
39 Note any warning labels on the bottle. If the prescription says to "Take with Food" or "Empty Stomach"  
40 or "It May Cause Drowsiness," make sure that you look at those warning labels, because they're there for  
41 a reason and they're important to look at.  
42  
43 Um, so, your pharmacist is a good resource for medical information. Uh, make sure you utilize him or  
44 her. And leave with an understanding of what you have and why you're taking it.  
45  
46  
47

**Requesting a Refill**

1 PHARMACIST: Hello.  
2  
3 INTERPRETER: Hi. I need a refill...  
4  
5 PHARMACIST: Okay.  
6  
7 INTERPRETER: ...for my inhaler.  
8  
9 PHARMACIST: Alright. Alright. Well, that should just take a few minutes.... Oh, I see by when you got  
10 it last it's been used up a little bit quicker than it should be. Have you been having problems with your  
11 asthma?  
12  
13 INTERPRETER: Yeah. I've been using my inhaler everyday.  
14  
15 PHARMACIST: And coughing? And having shortness of breath?  
16  
17 INTERPRETER: Yea, shortness of breath, yeah.  
18  
19 PHARMACIST: Do you use anything else for your asthma?  
20  
21 INTERPRETER: I'm using that one only. Um, but my doctor gave me a sample, something that you  
22 inhale like that.  
23  
24 PHARMACIST: Oh, okay.  
25  
26 INTERPRETER: I don't use it though.  
27  
28 PHARMACIST: Does it look like this?  
29  
30 INTERPRETER: Yeah.  
31  
32 PHARMACIST: Okay. Advair?  
33  
34 INTERPRETER: Yeah. It was A-something.  
35  
36 PHARMACIST: Okay.  
37  
38 INTERPRETER: I think you're right.  
39  
40 PHARMACIST: Okay. And the doctor gave you a sample, so I can just...I'll check with your doctor.  
41 And if you come back in a half an hour or so, I should have that prescription for you.  
42  
43 INTERPRETER: Okay.  
44  
45 PHARMACIST: Okay?  
46  
47 INTERPRETER: Thank you.

**Explaining Inhalers**

1 PHARMACIST: Your prescriptions are all set. I would like to just go through this quickly. First of all,  
2 explain the importance of using your controller, the Advair. It helps prevent your asthma, the symptoms  
3 from occurring, so that you'll be using less of the Albuterol inhaler. It's healthier for your lungs to  
4 control the asthma.  
5  
6 INTERPRETER: Well I have a question about that.. PHARMACIST: (overlap) Yes? INTERPRETER:  
7 Do I have to use that everyday? Or..  
8  
9 PHARMACIST: You need to use this everyday. One puff in the morning and one puff in the evening.  
10 Okay?  
11  
12 INTERPRETER: What if I forget?  
13  
14 PHARMACIST: Then just, if you forget a dose, it's not a big deal. But try and remember. It will just  
15 help keep your asthma under control. So..  
16  
17 INTERPRETER: So, I need to have both of them with me all the time?  
18  
19 PHARMACIST: You don't need to carry this one. You can take a dose in the morning before you go to  
20 school or work. Uh, and you can take a dose in the evening before you go to bed. This one you should  
21 have with you at all times.  
22  
23 INTERPRETER: Okay. Alright. Can you show me how that other one works? That, uh, that Advair?  
24  
25 PHARMACIST: Sure, sure. You open it up. There's a little trigger here. There's powder in here.  
26 When you pull this trigger, it breaks open the capsule of powder. And then, you inhale the powder very  
27 strongly. Hold your breath for a few seconds, and then slowly exhale.  
28  
29 INTERPRETER: So, can I do it?  
30  
31 PHARMACIST: Certainly.  
32  
33 INTERPRETER: Is that it? That's all I have to do?  
34  
35 PHARMACIST: Make sure you hold your breath for a few seconds if you can, and then slowly exhale.  
36  
37 INTERPRETER: Okay.  
38  
39 PHARMACIST: Then it is important that you rinse your mouth out, uh, just swish it with some water  
40 and then spit that out after you've used your inhaler, this one.  
41  
42 INTERPRETER: Okay.  
43  
44 PHARMACIST: Okay?  
45  
46 INTERPRETER: Thanks.  
47

**Explaining Inhalers (cont.)**

1 PHARMACIST: How are you with this one? Is your technique okay?  
2  
3 INTERPRETER: I feel like it's okay. I just use it. PHARMACIST: (overlap) You think it's okay?  
4  
5 PHARMACIST: Okay. Well, maybe we'll just go over this quickly as long as you're here just to make  
6 sure you're getting the full use out of this. Do you always shake it before you use it?  
7  
8 INTERPRETER: Um, yeaah.  
9  
10 PHARMACIST: Okay. Give it a good shake. Um, I'm going to give you this extender to put on the  
11 end of it because it helps get the mist in the lungs as opposed to just hitting the back of your throat. Or  
12 sometimes people miss all together. So, a little bit easier if you use this.  
13  
14 Give it a shake before you use it. (breath) Exhale. Put your mouth there. Give it a squirt. And then  
15 immediately (breath) inhale. Hold it a few seconds and then slowly exhale.  
16  
17 PHARMACIST: Shake it. PHARMACIST: Yes, INTERPRETER: Put the extender on it.... Let me do  
18 it....And then I press it down.  
19  
20 PHARMACIST: Yes.  
21  
22 INTERPRETER: Take it in, hold it, and then exhale it.  
23  
24 PHARMACIST: Yes, yes. And if you're using two puffs at a time, usually people use two puffs. If you  
25 can wait a minute between puffs, the first one starts to work, and then the second one gets in a bit deeper.  
26 So it works a little bit better.  
27  
28 INTERPRETER: Oh, yeah, usually I was doing two times really quick.  
29  
30 PHARMACIST: Okay. It will work better if you wait.  
31  
32 INTERPRETER: Yeah, I was just so busy that I would do it two times and.. PHARMACIST: (overlap)  
33 I think you'll find if you're using this, you'll have less need to use that.  
34  
35 INTERPRETER: Okay.  
36  
37 PHARMACIST: Okay.  
38  
39 INTERPRETER: Well, thanks.  
40  
41 PHARMACIST: You're welcome. We'll just put this in a bag for you and we'll be all set to go.  
42  
43 INTERPRETER: Alright.  
44  
45  
46  
47

**A Med Review**

1 PHARMACIST: Hello.  
2  
3 INTERPRETER: Hello. How are you?  
4  
5 PHARMACIST: Fine. How are you doing today?  
6  
7 INTERPRETER: Eh, uh, okay.  
8 I've got a problem- I brought my medications in. I have some questions about them.  
9  
10 Can I ask some questions about them?  
11  
12 PHARMACIST: Certainly. Should we sit down and look to see what you have, what questions you  
13 have?  
14  
15 INTERPRETER: Sure. That'd be nice if we could talk that over.  
16  
17 PHARMACIST: Okay.  
18  
19 Let's take a look and see what medications you're on.  
20  
21 That's the first one. Hydrochlorothiazide. And you take this once a day. And what time of day to you take  
22 that?  
23  
24 INTERPRETER: I take it in the evening.  
25  
26 PHARMACIST: You're taking that in the evening. And this one, uh, does tend to cause urinary output.  
27 And so it can keep you up at night. Most people take this in the morning. It's probably a better time to  
28 take this. In the morning. So, you're not having to run to the bathroom.  
29  
30 INTERPRETER: Well, yeah, so maybe it would be better in the morning, so I don't have to go to the  
31 bathroom so much at night. That'd be good. Yeah, that would be good.  
32  
33 PHARMACIST: I think you'll find that that'll help. And you're taking this for your blood pressure. Is  
34 your blood pressure being controlled very well? Do you know what your readings are?  
35  
36 INTERPRETER: It's usually like 120 over 90. Sometimes, it might be, um, up to like 125. It's kind of  
37 in that range, but it hasn't been much higher than that.  
38  
39 PHARMACIST: Okay. But the bottom number is 90...usually?  
40  
41 INTERPRETER: Yeah.  
42  
43 PHARMACIST: That might be a little high. We might need to talk to your doctor about adjusting your  
44 dose on this. Ninety is just a little high. Probably want that a little lower. Okay?  
45  
46 INTERPRETER: Okay.  
47

**A Med Review (cont.)**

1 PHARMACIST: And the next one that you have here....glipizide for blood sugar. And what have your-I  
2 see you have your readings here. Can we take a look at those?

3  
4 INTERPRETER: Yeah.

5  
6 PHARMACIST: Well, the readings look very good. Um, are you having any unusual symptoms? Or are  
7 you feeling okay?

8  
9 INTERPRETER: I've been feeling kind of odd. It's just, like when I take the pill, I've been having lots  
10 of sweats. I'm gaining a little weight. I'm just not sure about this Glipizide.

11  
12 PHARMACIST: When do you have the sweats?

13  
14 INTERPRETER: It was last week that I - I've been having them since last week.

15  
16 PHARMACIST: Last week. What time of the day? Is it all during the day.

17  
18 INTERPRETER: Yeah, kind of during the day. Yea, all... Sometimes, like I take that in the morning, I'll  
19 take a nap or something, and when I get up, I feel a little bit, like my stomach doesn't feel good.

20  
21 INTERPRETER: Okay...

22  
23 INTERPRETER: I don't know if I'm having a strange reaction to that. I've noticed myself gaining a  
24 little weight with that one.

25  
26 PHARMACIST: Okay. Alright. Um, How about at night? Do you feel alright? Do you sleep all  
27 through the night pretty well?

28  
29 INTERPRETER: Yea. I'm sleeping pretty well through the night. It's the daytime that I've been having  
30 more trouble, but nighttime seems to be a bit better.

31  
32 PHARMACIST: Okay. Well... since your readings look pretty good. Blood sugar readings are good,  
33 but you're having symptoms where you're gaining weight and you're not feeling well during the day, we  
34 may have to talk to your doctor about either adjusting the dose of this or maybe putting you on something  
35 entirely different that controls your blood sugar. There are lots of choices in medications for controlling  
36 blood sugar. So, maybe this one is just not the one for you. There maybe something else out there that  
37 you do better on and that does control your blood sugar. I can give your doctor a call and tell him that  
38 you're having these symptoms and see if we can get you set-up with an appointment shortly so that he can  
39 adjust this or maybe switch you to something else. Does that sound all right?

40  
41 INTERPRETER: Yeah. Yeah, it does.

42  
43 PHARMACIST: Okay. Okay. Good. It's important to control your blood sugar. Uh, but it's also im-  
44 portant that you feel good as well. So, if we're controlling your blood sugar, but you're not feeling good,  
45 then that's something we need to work on. Okay?

46  
47 INTERPRETER: Yea.

**A Med Review (cont.)**

1  
2 PHARMACIST: I'll give him a call.  
3  
4 INTERPRETER: So, you know, for me, I just want to say it's easier for me to use this kind of lid.  
5  
6 PHARMACIST: Okay.  
7  
8 INTERPRETER: This one is really hard for me to open. Because I have arthritis.  
9  
10 PHARMACIST: Okay. Certainly.  
11  
12 INTERPRETER: So it's easier to use this kind of lid. And another thing I wanted to say - for the label,  
13 it's really nice for me to have the label with medication, to have it in large print. Because I'm low vision,  
14 so it's easier for me to read if it is in large print. So, if it would be possible to have it that way? Also not  
15 to have the kind of twist off caps. That's really hard for my had because of arthritis.  
16  
17 PHARMACIST: Okay. We can make a note in your file that you want the easy open caps. Then, you'll  
18 get those from now on. We can also notate that you want large print on your labels and that's something  
19 we can do, too.  
20  
21 INTERPRETER: Fine. That'd be great.  
22  
23 PHARMACIST: Good. Is there anything else that you'd like to talk about today?  
24  
25 INTERPRETER: Um, for the glipizide?  
26  
27 PHARMACIST: Yes.  
28  
29 INTERPRETER: Like if I switched to another medication...  
30  
31 PHARMACIST: Yes.  
32  
33 INTERPRETER: and I found the right one that fit for me, that'd be good.  
34  
35 PHARMACIST: Okay.  
36  
37 INTERPRETER: Because I feel that this one isn't working so good. I've been gaining weight with it and  
38 it just doesn't seem like it's, uh, working with my body very well. It doesn't seem to be a good fit for me.  
39 So, if I could find something else that could control my blood sugar, that'd be a good thing so I wouldn't  
40 have to take this one.  
41  
42 PHARMACIST: Certainly. That sounds good. There are lots of choices, uh, it used to be we didn't have  
43 so much to pick from. Now there's a lot of different categories of medication that we can pick from.  
44 And, um, I'm confident that we'll find something that will work for you, and that you can tolerate.  
45  
46  
47



**On Bones**

1 INTERPRETER: So I was going to the doctor and I was just, I was waiting for such a long time. And the  
2 doctor wasn't there, so I just thought forget it. I'm just going to come over to the drug store here to get  
3 my medication. But I was wondering about my sister. I was wondering if you could help me out. She  
4 has cancer. And it spread to her back. And into her kidneys. Into her colon. She's been suffering for five  
5 years, you know, taking all different kinds of medications. And now she's gone. So, I'm wondering if I  
6 would get the same disease that she had. It was something with her bones. It started with an "O". And  
7 I'm wondering if there is a medication that I can take that will prevent it from becoming worse? Do you  
8 know of any type of medication like that?  
9

10 PHARMACIST: Was it osteoporosis that she had? Do you think that's what it was? Osteoporosis?  
11

12 INTERPRETER: Oh, yeah. I think that's right. I don't know how to spell it. It's such a long word.  
13

14 PHARMACIST: Well, most women are at risk for developing osteoporosis. It really does not have any-  
15 thing to do with the cancer that she had, although that could have made it worse. But women are at risk  
16 for osteoporosis which is a condition that makes your bones more brittle. And that puts you at risk for  
17 breaking hips. And small fractures in your vertebrae which are very painful. And the reason that women  
18 are...  
19

20 INTERPRETER: So, that would reduce the size then?  
21

22 PHARMACIST: Yes. What happens is women that have osteoporosis tend to shrink because their verte-  
23 brae - there's fractures and they shrink down in size. It's a painful - It's a painful situation.  
24

25 INTERPRETER: Is there any kind of medication that would help this?  
26

27 PHARMACIST: Yes there is as a matter of fact. It's calcium. It's just over the counter. You can buy  
28 Calcium with Vitamin D.  
29

30 INTERPRETER: Yea, I know. It's because people aren't drinking milk. Is that the cause of it? Maybe  
31 many people are having problems with their bones.  
32

33 PHARMACIST: Well, it's either not drinking enough milk or getting calcium from other sources in their  
34 diet. They don't necessarily have to get calcium from milk. But, most people don't get enough calcium  
35 in their diet. And so especially women, and as I said, uh, the reason that women are more prone to osteo-  
36 porosis is because your bones are less dense to begin with than males. So, men do get it, but at a much  
37 lower rate than women. And so, what you should do...  
38

39 INTERPRETER: Oh, okay.  
40

41 PHARMACIST: is take, if you're not drinking 3 or 4 full glasses of milk everyday, which, I know I  
42 don't, then you should supplement your diet with calcium tablets. With Vitamin D. Because the calcium  
43 with vitamin D is more effective than just the calcium alone.  
44

45 INTERPRETER: Yeah, I was planning on asking, if people aren't interested in drinking milk, maybe  
46 there was some kind of a pill, like the calcium that they could take. Um, so wouldn't that help the woman  
47 with bone issues? (Phone ringing)

## On Bones (cont.)

1  
2 PHARMACIST: Yes. That will help. Sometimes it's not enough. The calcium alone. If someone has  
3 active osteoporosis, and your doctor can actually run a test and do a scan on your foot. You just put your  
4 foot in a little, like an x-ray machine. It's called a DEXA scan, and it can tell if you have osteoporosis, or  
5 something called osteopenia, which is kind of the step before osteoporosis. If you actually do have osteo-  
6 porosis, then you should be on additional medication. If you don't have osteoporosis, it's still a good idea  
7 to take the calcium with Vitamin D because that will help prevent it down the line. So, what I usually rec-  
8 ommend to all my patients that are women that are not drinking a lot of dairy or getting a lot of calcium in  
9 their diet, even when they're young, is to take calcium with vitamin D everyday. Because even if you do  
10 not have osteoporosis, you are at risk of it simply because you're a woman. And taking the calcium will  
11 help prevent that  
12  
13 INTERPRETER: So, when I go into the drug store, um, can I get a refill, uh, you know, if they would go  
14 ahead and put a label. You know, the doctor said that this is for the different things that I have, um, when  
15 I get a new prescription...  
16  
17 PHARMACIST: Oh, for calcium? For the calcium?  
18  
19 INTERPRETER: . Yeah, it would have a new label, and they would write, "For Calcium." And then I  
20 would know exactly what the medicine is for. Maybe you could write it in big letters so that I could see  
21 exactly what it is inside the bottle. The writing is so small, um, if I knew exactly that it said "Calcium..."  
22  
23 PHARMACIST: Well, what we can do, um, Calcium does not require a prescription. I can just sell you  
24 a bottle. But I could actually write on the bottle that it is for strong bones, or whatever would help you  
25 remember why you are taking it.  
26  
27 Now do you drink milk at all or eat a lot of cheese?  
28  
29 INTERPRETER: Oh, yeah, I do. I drink a lot of milk. PHARMACIST: You do. INTERPRETER: You  
30 know I've heard a lot about bone troubles so I'm drinking - I tend to drink a lot of milk.  
31  
32 PHARMACIST: 3 or 4 glasses of milk a day?  
33  
34 INTERPRETER: Well, um, in the morning, and at noon, then at night and before bed. So probably 4  
35 glasses. 4 or 5.  
36  
37 PHARMACIST: Then, you may not need to take extra calcium. You may be just fine.  
38  
39 INTERPRETER: Well, some days it's less though, but I've heard that I need to drink a lot more water  
40 nowadays, too. You know, drink more water than milk, though. So why would that be?  
41  
42 PHARMACIST: Well... INTERPRETER: It's important to drink water along with the milk, but they say,  
43 you know, water will keep your body clean. So... PHARMACIST: Water's a good... INTERPRETER:  
44 what do you think?  
45  
46 PHARMACIST: I think that you should drink enough water so that you're not thirsty. I don't think you  
47 have to go overboard with drinking a lot of water. But I think if you're concerned about osteoporosis, but

**On Bones (cont.)**

1 when you see your doctor the next time, ask your doctor. And, uh, they could do a screening on you. And  
2 tell you if you actually do have it or you don't have it.

3  
4 PHARMACIST: Are you having any... INTERPRETER: Oh, I didn't even think about that. PHAR-  
5 MACIST: Sure. And if you do have it ... INTERPRETER: You know I feel okay, except sometimes my  
6 throat. I tend to have a problem with my throat, but my back, my bones, they seem to be fine. You know,  
7 I do have a tendency, it's hard to swallow. I can't eat met - right now. So, it's just, uh, just no good.

8  
9 You know I thought about having surgery, but I just refuse because I'm so afraid they would take my  
10 voice away. You know, I can't talk mostly the way it is, You know, if I was signing with kids. So, I don't  
11 know. I just really don't want the surgery. So, I'll just have to suffer and put up with it. So, but that, you  
12 know, I'll go ahead and ask the doctor about the osteoporosis and ask if I'm okay, or..

13  
14 PHARMACIST: Absolutely. It's a quick and easy thing that they can do to determine it. And probably a  
15 good idea at your age to check.

16  
17 INTERPRETER: Well, I'm 77 you know. See, I'm old.

18  
19 PHARMACIST: Not so old in these days..

20  
21 INTERPRETER: No, I don't feel old at all. My heart is young, and I want to get outside and work and  
22 do the raking. You know, keep really active. I don't want to sit inside the house. I'm not lazy. You  
23 know, it's quick when you become old, but you need to keep up and just feel young on the inside.

24  
25 PHARMACIST: True, and that's why it's important that you keep your bones nice and strong, right?

26  
27 INTERPRETER: Exactly. But what about your legs, um, with the hips? If I've been having problems  
28 with my hips, can you keep the bones strong. But people are always having problems with their hips.  
29 Why is that?

30  
31 PHARMACIST: Why? Uh, Why do the hips...it's. it is the place where people will have fractures. And  
32 it's because there is so much weight bearing on those hips, that hip joint, that it will break. Sometimes  
33 people fall and break the hip. Sometimes the hip breaks before they fall. It, uh, it's hard to determine  
34 sometimes. But, because there's that weight bearing on that hip joint it tends to fracture there. Or they  
35 fall, and that's where they fall.

36  
37 INTERPRETER: Okay. Thank you so much.

38  
39 PHARMACIST: You're welcome.

40  
41  
42  
43  
44  
45  
46  
47