Line	Speaker	Conversation	Linguistic Features	Paralinguistic features
1 2	Doc:	Ri:ght (.) so:: (.) when they put you on the sca:les (0.3) your height weight rati:o,=	The GP starts by saying "when they put you on the scales" to refer to the process of weighing by the trial team. This presents the patient as passively being 'put' somewhere rather than actively 'getting' on the scales.	Talk was slow with gaps between words, and elongated vowel sounds slowing down delivery. Speed often slowed as an utterance progressed (e.g. sca:les line 2).
3	Pat:	=Mmm.	The patient responds with a continuer 'mmm'	
4 5	Doc:	Gave you a figure of thirty two::. Now that technically it's not good for you, Being over thirty.	The GP then references previous clinical findings, by stating the patient's BMI, saying it "gave you a figure of thirty two::". Following this, the GP explicitly asserts that this is a problem, saying "Now that technically it's not good for you" (line 4-5). In this problem statement, the GP asserts himself as 'knowing' and the patients as unaware of this relationship between weight and health. Throughout the rest of this sequence the GP maintains this status as 'knowing'.	The GP emphasises "thirty two::" (line 4) with staccato delivery and an elongated vowel sound with an intonation contour moving from high to low. Stretched vowels with pronounced falling pitch* are a feature of negative delivery. Doing this to highlight the patient's BMI makes this hearable as particularly particularly negative.
7		(.)	Although this is a relevant place for the patient respond, they do not do so, potentially acting to display some resistance+	At line 26 the GP pauses mid-TCU "get across the <messa:ge,> (2.2) tha:t". This acts to convey disfluency in the delivery of this preannouncement. Rather than emphasising key words, they were often hastened in their delivery, for example lines 9-10, 27, and 29-30. This acted to shroud rather than emphasise key information, again conveying reluctance or discomfort.
8 9 10 11	Doc:	And these people are running a study to try and en::courage people u::h a:y to >understand the benefits< of being lighter,= Because it's not all about- it has a (.) hu:ge impact on a lot of illnesses.	Although the GP refers to the 'benefits' of being lighter (line 10) he actually emphasises the problems of obesity, stating the "hu:ge" impact on a "lot" of illnesses.	
12		(.)		
13 14	Doc:	Including some of the ones that are relevant to yo:u.	The GP then lists the problems of obesity, making them personally relevant to conditions the patient has already developed. The GP delivers a large amount of information throughout this sequence, though a series of statements and does not invite questions.	
15		(0.3)		
16	Doc:	Particularly your blood pressure.		
17		(0.6)		
18	Doc:	Even possibly your gout.		
19		(1.3)		
20 21 22	Doc:	U:m (0.6) So weight loss (.)controlled weight loss on a healthy diet (.) can be very beneficial to you.	Whilst he does talk about the benefits of weight loss, this GP emphasises the effort the patient will need to undertake to achieve these: "controlled weight loss" and a "healthy diet" acting to present referral negatively.	
23		(1.6)		
24 25 26 27 28	Doc:	.hhh and the whole impact of this study is basically to get across the <messa:ge,> (2.2) tha:t (0.5) >all the studies show< that (.) weight loss in the group se:tting (0.5) is far more effective tha:n (.) >trying to do it on your own<.	This GP repeatedly refers to "these people" or the "study" rather than asserting a personal perspective towards the referral The GP avoids personally endorsing the referral through positive assessment.	

Figure 3 – Bad news

* Freese J, Maynard DW. Prosodic features of bad news and good news in conversation. *Language in Society* 2012; 27(2): 195-219**.**

+ Maynard DW. Bad news, good news : conversational order in everyday talk and clinical settings. Chicago: University of Chicago Press; 2003.