



HISTORY-TAKING IN ENGLISH

A Booklet for Physicians



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Communicating With Patients: Basic Questions

Initiating the Session

Calling the patient into the office

“Ms Jones—please come into room 5.”

Greeting the patient

“Hello, I’m Jun Suzuki (a student doctor working with Dr Maeno). Please sit down. It’s Mary Jones, isn’t it?”

“Come and sit down. I’m Jun Suzuki. ... Can I just confirm that you’re Mary Jones?”

Asking About the Chief Complaint (CC)

Opening question

“What problems have you been having?”

“What’s been troubling you?”

“How can I help you?”

Follow-up question

“Tell me more about the headaches.”

Screening and confirming

“So you’ve been having some headaches and backache. Anything else at all?”

“So you’ve been having headaches and backache, and you’ve been feeling more tired than usual. Did I get that right? ... Is there anything else you want to talk about?”

Agenda setting

“Okay, now I’d like to ask you a few questions about each of your symptoms. Let’s start with the headaches, and then we’ll talk about the backache, and then about the tiredness. Is that okay?”

Taking the History of the Present Illness (HPI)

W hen? →	When did it start?
W here? →	Where is the pain?
Q uality? →	What is the pain like?
Q uantity? →	What does the pain feel like?
A ggravating & A lleviating factors? →	What makes it worse? What makes it better?
A ssociated factors? →	Have you noticed anything else?

Initiating the Consultation

Calling the Patient Into the Office

"Ms Jones—Please come into room 5."

Greeting the Patient

(importance of first impressions: welcoming & comfortable environment; respect & interest in the patient; verbal & nonverbal behavior: stand up to greet/shake hands/smile/eye contact)

"Hello, I'm Dr Suzuki. Please sit down. It's Mary Jones, isn't it?"

"Come and sit down. I'm Dr Suzuki. Can I just confirm that you're Mary Jones?"

"Good morning, Mrs Jones. Take a seat. I'm Dr Suzuki."

"Come in and sit down. Am I right in thinking that we haven't met before? I'm Dr Suzuki. What would you prefer me to call you?"

"Hello, Mary. Good to see you."

Asking About the Chief Complaint (CC)

(patient-centered; attentive listening to ensure accurate and efficient information gathering with facilitative responses: 'uh-huh,' 'Go on,' 'I see')

Opening question

"What problems have brought you here today?"

"Tell me what problems you've been having."

"Tell me what you've come to see me about."

"What's brought you to the hospital today?"

"What's been troubling you?"

"How can I help you?"

"What can I do for you?"

"I see that you have backache. Please tell me more about it."

Follow-up question

"Tell me more about the headaches."

"Can you tell me more about it?"

"Tell me all about it from the beginning."

Screening and confirming

(try to pick up all of the patient's problems)

"So you've been having headaches and some backache. Anything else at all?"

"So you've been having headaches and backache and have been feeling more tired than usual. Is that right?"

"Is there anything else (you want to talk about)?"

Agenda Setting

"Okay, now I'd like to ask you a few questions about each of your symptoms. Let's start with the headaches, and then we'll talk about the backache, and then about the tiredness. Is that okay?"

Taking the HPI

When?

Onset

When did the pain start / begin?

When did the pain first come on?

How long have you been having this pain?

Onset (Precipitating) factors

Does anything bring the pain on?

Does the pain come on at any particular time?

What usually brings it on?

....When does the pain usually come on?

Character of onset

Does the pain come on gradually or all of a sudden?

Duration

How long does the pain usually last?

Frequency

How often do you have the pain?

How often have you had the pain?

How many times have you had the pain?

Course

Is the pain getting better or worse?

Does the pain come and go?

Is the pain constant, or does it come and go?

Where?

Where does it hurt?

Show me where it hurts.

Please point to where it hurts.

Which part of your back is affected?

(*radiation*) Does the pain spread /move /travel anywhere else?

Quality?

What is the pain like?

What does the pain feel like?

Could you describe the pain?

What do you mean by 'weird' pain?

Quantity?

How bad is the pain?

On a scale of 1 to 10, with 10 being the worst pain, how would you rate the pain?

How is the pain affecting your life?

Aggravating and Alleviating Factors

Does anything make the pain better?

Does anything make it worse?

Does lying down help (relieve) the pain?

Associated Factors

Have you noticed any other problems related to the pain?

Have you noticed anything else?

Gathering Background Information

Past Medical History (PMH)

Now I'm going to ask you about your health in general / in the past.

Have you had anything like this before?

Have you ever had a major illness?

Have you ever had a major injury?

Have you ever had major surgery / a major operation?

Do you have any allergies? / Are you allergic to anything?

Medications (Meds)

Are you taking any medications at the moment? / Are you on any medications?

Do you take any over-the-counter drugs?

How about any Kampo medicines or Chinese herbal medicines?

Do you take any vitamins or other supplements?

(asking for detail) What do you take?

(Could you spell that for me?)

What do you take it for?

(dose) How many times a day do you take it?

(compliance) Do you always remember to take it?

(side effects) Do you have any side effects?

→ What kind?

(allergies) Do you know if you have any drug allergies?

→ Which drug are you allergic to?

→ What symptoms do you get?

Family History (FH)

Now, I'd like to ask about your family's health.

Are your parents alive and well?

Are all your close relatives fit and well?

Does anyone in your family have a serious illness?

How old was he when he died?

What did he die of? / Do you know the cause of death?

Social History (SH)

Now, I'm going to ask you some personal questions. Everything we talk about is confidential.

Do you have a partner?

Do you have any children?

Who do you live with?

Is there any stress at home?

Do you work?

Do you have any troubles at work? / Is there any stress at work?

....Do you smoke? → How many a day? → Have you tried to give up?

Do you use recreational drugs?

Do you drink?

→ Wine, beer, spirits?

→ How much do you usually drink in a week?

→ Can you give up drinking when you want?

Do you have any hobbies or interests?

Review of Systems (ROS)

Now, I'm just going to ask you a few more questions, but it's important that I haven't missed anything.

How have you been feeling in general?

What's your appetite like? / How's your appetite? / Has there been any change in your appetite?

Have you had any loss or gain in weight?

→How many kilos did you lose (gain)?

→Was the weight loss (gain) intentional? / Were you on a diet?

Are your periods regular?

Do you have any night sweats?

Have you noticed any headaches?

Any problems with vision?

What about any dizziness? ringing in the ears?

nosebleeds? sore throat?

coughing? coughing up blood?

wheezing? shortness of breath?

chest pain? palpitations?

swelling of the ankles? blackouts? / fainting?

nausea? vomiting?

heartburn? indigestion?

abdominal pain? constipation?

diarrhea? blood in your stool? / urine?

problems urinating? loss of bladder control?

pain in your muscles or joints?

rashes? itching?

problems sleeping? changes in mood?

Patient's Ideas, Concerns, Expectations (ICE)

(ideas) What do you think might have brought this on? / What do you know about this illness?

(concerns) What are your worries about this? / How does this affect your family?

(expectations) How were you hoping I could help you today?

And, finally ...

What kinds of questions do you have for me?

Expressing Empathy

Responding to the patient's physical stress

- It's obviously very painful (for you).
- I can see you're in a lot of pain / having a lot of trouble.
- You're obviously in a lot of pain / having a lot of trouble. I can see that.
- That seemed to be hard work—lifting your foot.
- That seemed to give you a lot of pain—raising your arm.
- That must be (must have been) very painful (for you).
- I'm sorry that you've been having such a hard time.

Responding to the patient's emotional stress

- I can see you're upset / annoyed / frustrated.
- I can understand why you're upset / annoyed / frustrated.
- I can certainly understand that you're angry about having to wait so long.
- I can sense how angry you've been feeling about your illness.
- This must be very difficult for you.

Responding to the patient's reserve

- I can see you're finding it difficult to talk about this.
- It must be very hard to talk about this.
- This is very hard (for you), I know.
- This is very tough, isn't it?
- Can you bear to tell me more about _____.
- Just take your time.

Responding to the patient's worries

- I can understand your concern. We'll check that out carefully.

Responding to the patient's embarrassment

- I'm sorry if this exam is embarrassing for you. I'll try to make it as quick and easy as I can.