

Outlines:

- JU First Quiz (General History Taking).

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Note: This summary **contains all quiz important notes.**



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History Taking- PPs

1) A question describing chest pain, which is gradual in the last 4 months, localized to the right upperquadrant, no associated symptoms, happens for 5 minutes at no specific time. There are no relieving factors. Which of the following is missing?

- A. Radiation
- B. Character**
- C. Site
- D. Onset
- E. None of the above

Characteristics of pain (SOCRATES)

- Site
- Onset (sudden v.s. gradual)
- Character: sharp, dull, burning, stabbing, crushing
- Radiation: local extension, referred pain

- Associated symptoms (A at the last)

- Timing: duration, course, pattern

- Duration: of each attack

- Course: evolution of pain during the attack (progression vs regression)

- Pattern: episodic vs continuous

- If episodic, duration and frequency of attack

- If continuous, any change in severity

- Relation to time of day/night

- (e.g. every 15 minutes then none at night)

- Exacerbating & relieving factors: exertion, rest, posture, food, medication

- Severity (grade 0-10).

2) A gentleman who has been smoking 25 cigarette/day for 40 years, but stopped smoking 1 year ago, what's the pack years?

- A. 30
- B. 40
- C. 50**
- D. 60
- E. Zero, because he stopped smoking

Calculating pack years

- 1 pack of cigarettes = 20 cigarettes

- $\frac{\text{# of cigarettes smoked} \times \text{per day} \times \text{# of years smoking}}{20}$

Example: $(30 \text{ cigarettes} \times 10 \text{ years})/20 = 15 \text{ pack years.}$

3) One of the following isn't considered a chief complaint:

- A. Headache for 4 years
- B. Seizure for 2 minutes**

Chief complaint:

➤ The **major problem** in the patient's own words plus its **duration**. (prior to admission)

- Use patient's words
- avoid medical terminology.

Examples

Use	Don't use
Difficulty in swallowing	dysphagia
Shortness of breath	dyspnea
Abnormal movement	Seizure
Chest pain	angina

2.1 Examples of terms used by patients that should be clarified		
Patient's term	Common underlying problems	Useful distinguishing features
Allergy	True allergy (immunoglobulin E-mediated reaction) Intolerance of food or drug, often with nausea or other gastrointestinal upset	Visible rash or swelling, rapid onset Predominantly gastrointestinal symptoms
Indigestion	Acid reflux with oesophagitis Abdominal pain due to: Peptic ulcer Gastritis Cholelithiasis Pancreatitis	Retrosternal burning, acid taste Site and nature of discomfort: Epigastric, relieved by eating Epigastric, with vomiting Right upper quadrant, tender Epigastric, severe, tender
Arthritis	Joint pain Muscle pain Immobility due to prior skeletal injury	Redness or swelling of joints Muscle tenderness Deformity at site
Catarrh	Purulent sputum from bronchitis Infected sinus/nasal discharge Nasal blockage	Cough, yellow or green sputum Yellow or green nasal discharge Anosmia, prior nasal injury/polyps
Fits	Transient syncope from cardiac disease Epilepsy Abnormal involuntary movement	Witnessed pallor during syncope Witnessed tonic/clonic movements No loss of consciousness
Dizziness	Labyrinthitis Syncope from hypotension Cerebrovascular event	Nystagmus, feeling of room spinning, with no other neurological deficit History of palpitation or cardiac disease, postural element Sudden onset, with other neurological deficit

4) All the following are signs of alcohol dependency except:

- A. Drinking alcohol in the morning
- B. Ability to control starting or stopping drinking**

2.8 Features of alcohol dependence in the history

- A strong, often overpowering, desire to take alcohol
- Inability to control starting or stopping drinking and the amount that is drunk
- Drinking alcohol in the morning
- Tolerance, where increased doses are needed to achieve the effects originally produced by lower doses
- A withdrawal state when drinking is stopped or reduced, including tremor, sweating, rapid heart rate, anxiety, insomnia and occasionally seizures, disorientation or hallucinations (delirium tremens); this is relieved by more alcohol
- Neglect of other pleasures and interests
- Continuing to drink in spite of being aware of the harmful consequences

5) Mr. Ahmad, a 64-year-old gentleman, he is married and works as a driver. He was admitted through ER on the 3rd of August 2022. The history was taken from the patient himself, by me, Khalid, a 4th year medical student at university of Jordan at 4:00 pm on 4th of August 2022.

What's crucially missing in the previous patient's profile?

A. Spouse name
B. Residency

The patient's profile:

- Patient's name, age, marital status, address, job.
- Source of history: patient, relative..
- Source & time of referral/admission.
- Who took the history.
- Date & time of history taking.

6) Which of the following represents a correct chief complaint?

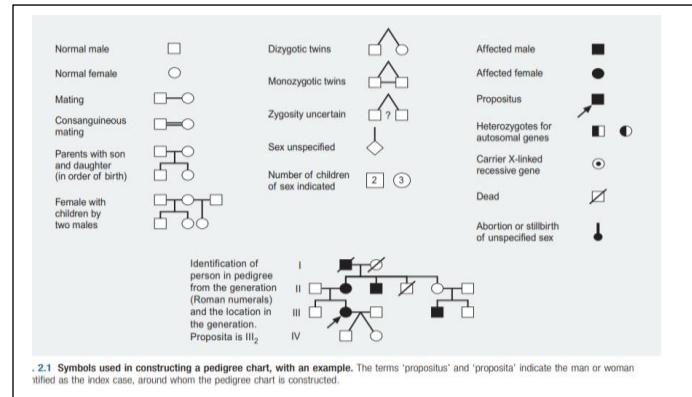
a. Fits of 1 month duration
b. Arthritis of 3 months duration
c. Dysphagia of 1 week duration
d. Indigestion of 1 hour duration
e. Heartburn of 2 months duration

7) All of the following are features of alcohol dependence in history EXCEPT:

a. A withdrawal state when drinking is stopped or reduced
b. Inability to control starting or stopping drinking and the amount that is drunk
c. Drinking alcohol at night
d. Continuing drinking despite of being aware of the harmful consequences
e. Drinking alcohol in the morning

8) When recording a family history using a pedigree chart which one of the following best describes how you should illustrate how a female is affected by a specific condition of interest?

a. An un-shaded square with details of the condition written at the side
b. A shaded circle with details of the condition written at the side
c. A un-shaded circle with details of the condition written at the side
d. A circle which has been crossed through with details of the condition written at the side
e. A shared square with details of the condition written at the side



9) Which of the following is a correct chief complaint:

Palpitations

10) If a patient smoke 30 cigarettes per day for the past 6 years... calculate pack years

9 Pack years

**11) Which of the following is true regarding the types of pathology:
Progression of infection symptoms is usually rapid over hours or days.**

2.4 Typical patterns of symptoms related to disease causation

Disease causation	Onset of symptoms	Progression of symptoms	Associated symptoms/pattern of symptoms
Infection	Usually hours, unheralded	Usually fairly rapid over hours or days	Fevers, rigors, localising symptoms, e.g. pleuritic pain and cough
Inflammation	May appear acutely	Coming and going over weeks to months	Nature may be multifocal, often with local tenderness
Metabolic	Very variable	Hours to months	Steady progression in severity with no remission
Malignant	Gradual, insidious	Steady progression over weeks to months	Weight loss, fatigue
Toxic	Abrupt	Rapid	Dramatic onset of symptoms; vomiting often a feature
Trauma	Abrupt	Little change from onset	Diagnosis usually clear from history
Vascular	Sudden	Stepwise progression with acute episodes	Rapid development of associated physical signs
Degenerative	Gradual	Months to years	Gradual worsening with periods of more acute deterioration

**12) Wrong statement about history taking:
Sympathy should be shown to build a good doctor-patient relationship.**

6. **Showing empathy when taking a history:** Being empathic helps your relationship with patients and improves their health outcomes.
Try to see the problem from their point of view and convey that to them in your questions.
Empathy Vs. Sympathy:
Empathy: I Know how you feel, Sympathy: I feel how you feel.

- Have **empathy** understanding what your patient is going through.

Empathy ≠ Sympathy

- Sympathy is the expression of sorrow.

**13) Wrong statement about chief complaint:
Only one chief complaint should be recorded.**

- Many complaints?**
- Use the first symptoms that caused patient to seek medical advice.
- Or the most concerning symptom to the patient.

Note:

1. you can use two or three main symptoms said by patient.
2. Clarify exactly what patients mean by any specific term they use; common terms can mean different things to different patients and professionals (Box 2.1).

History of present illness

- It is the analysis of the presenting complaint .
- The patient was doing well until.. **OR**
- The patient was relatively doing well until

PATIENT'S OWN WORDS !

14) Wrong statement about history of presenting illness:

Negative symptoms that are related to C/P should not be included.

15) One of the following is not a complication of smoking:

- IHD
- HTN
- Peripheral vascular diseases
- Oral cancer
- Large baby size for the pregnant**

SOCRATES

- For any complaint ask about **previous history of the same complaint**.
- Effects on **lifestyle: work, money, relationships**.
- Negative information should be included if they contribute to the diagnosis or help exclude other possibilities.**

16) A 60-year-old patient smokes 30 cigarette per day and has been smoking for 40 years, he smokes:

- a. 45 pack years
- b. 50 pack years
- c. 55 pack years
- d. 60 pack years**
- e. 90 pack years

17) A patient says he drinks 350 ml of whisky on daily basis, if you know that ethanol concentration is 40%, how many units does the patient take daily?

- a. 3.5 units
- b. 14 units**
- c. 16 units
- d. 7 units

- Always ask patients if they drink alcohol but try to avoid appearing critical, as this will lead them to underestimate their intake.
- If they do drink, ask them to describe how much and what type (beer, wine, spirits) they drink in an average week.
- The quantity of alcohol consumed each week is best estimated in units; 1 unit (10 mL of ethanol) is contained in one small glass of wine, half a pint of beer or lager, or one standard measure (25 mL) of spirits.
- %Ethanol in beer = 4%.
- %Ethanol in wine = 12%.
- %Ethanol in spirit = 40%.
- Calculate units based on the ethanol concentration.
- E.g., 500 mL of beer alcohol = 20 mL pure ethanol = 2 units.
- E.g., 300 mL of wine alcohol = 36 mL pure ethanol = 3.6 units.

18) Calculate pack years 1 pack and 10 cigarettes for 20 years:

30 pack years

19) Concordance:

Is that patient and doctor is negotiated and reached an agreement on management.

Adherent: (taking drugs but not necessarily understanding why)
Concordant (taking the drug and understanding why).

20) Wrong about consultation with patients:

Ask open questions and never closed ones.

Example

- Tell me **MORE** about your chest pain (**open question**).
- Was your pain severe? (**closed question**) (yes or no questions)
- You start with **open questions**, then to get the details you ask **closed questions** afterwards.

- 1. Setting up: choose a quiet, private place.
- 2. Take enough time: As a student take AT LEAST 30 minutes.
- 3. Be professional in dress and behavior to give a good first impression.
- 4. Introduce yourself.
- 5. Shake hands if culturally appropriate.
- 6. Ask the patient about the **MAIN** problem.
- 7. Listen ACTIVELY.
- 8. Observe patients body language.
- 9. Start with **OPEN** questions.
- 10. Avoid leading questions.
- 11. Clear & specific questions.
- 12. Try to ask one question at a time.

21) It is helping your patients feel that you understand what they are going through:

Empathy

22) Example on chief complaint:

Chest pain of 2 days duration

23) Critical alcohol intake in females:

14g of pure ethanol

- The UK Department of Health now defines hazardous drinking as anything exceeding 14 units per week for both men and women.
- **Binge drinking**, involving a large amount of alcohol causing **acute intoxication**, is more likely to cause problems than if the same amount is consumed over four or five days.
- Most authorities recommend at least two alcohol-free days per week.
- **Alcohol dependence** occurs when alcohol use takes priority over other behavior that previously had greater value.

24) 10 cigarettes a day for ten years:
5 pack years

25) Which of the following diseases that a father can't transmit to his son
Hemophilia A

26) Tobacco increases the risk of all of the following except:

- a. Intrauterine growth restriction
- b. Erectile dysfunction
- c. Sarcoidosis**
- d. Ischemic heart disease
- e. Peptic ulcer.

Sensitive Questions Guidelines

- Respect patient privacy
- Be direct and firm
- Be nonjudgmental
- Use appropriate language
- Document carefully
 - Use patient's words as possible

Confidentiality & Consent

- This information is confidential, even after a patient's death.
- There are **exceptions**:
 1. where failure to disclose information would put the patient or someone else at risk of death or serious harm
 2. where disclosure might assist in the prevention, detection or prosecution of a serious crime.

Confidentiality & Consent

- Always obtain **verbal** consent before history taking and physical examination.
- **Written** consent is needed when providing intervention or involving patients in teaching or research.

DO NOT

- Give false quick diagnosis
 - Malignancy
 - Debilitating disease
- Avoid over reassurance
 - Unless it can be provided with confidence



Finally, many thanks to Majdoleen Hamed for questions collection.