

Questions box 17.1

Questions to ask the patient with renal failure or suspected renal disease

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. How did your kidney problems begin? Have you had tiredness, the need to pass urine at night (nocturia) or loss of appetite?
2. Was the kidney trouble thought to be brought on by any medications you were taking (e.g. non-steroidal anti-inflammatory drugs, ACE inhibitors/angiotensin receptor blockers or contrast used for an X-ray procedure)?
3. Were you told there was inflammation of the kidneys (glomerulonephritis) or protein in the urine?
4. Have you had kidney infections recently or as a child?
5. Have you had kidney stones or urinary obstruction?
- ! 6. Have you passed blood in the urine? (Urinary tract malignancy)
7. Have you had a biopsy of your kidney? Do you know the result?
8. Have you had diabetes or high blood pressure?
9. Have you had cardiovascular disease or peripheral vascular disease?
10. Have you had kidney surgery or removal of a kidney, or have you been told you have only one functioning kidney?
11. Is there a history in the family of enlarged kidneys and high blood pressure? (Polycystic kidneys)
12. Have you had problems with rashes or arthritis? (Systemic lupus erythematosus, scleroderma)
13. Have you had problems with swelling or shortness of breath? (Fluid retention)
14. Have you been told how bad your kidney function is and whether you may need dialysis one day?
15. Are you taking medications to help the kidney function?
16. What tablets and medications (including over-the-counter products, herbal remedies, etc) are you taking?

Questions box 1.1

The systems review

Enquire about common symptoms and three or four of the common disorders in each major system listed below. Not all of these questions should be asked of every patient. Adjust the detail of questions based on the presenting problem, the patient's age and the answers to the preliminary questions.

! denotes symptoms for the possible diagnosis of an urgent or dangerous (alarm) problem.

Cardiovascular system

1. Have you had any pain or pressure in your chest, neck or arm? (Myocardial ischaemia)
2. Are you short of breath on exertion? How much exertion is necessary?
3. Have you ever woken up at night short of breath? (Cardiac failure)
4. Can you lie flat without feeling breathless?
5. Have you had swelling of your ankles?
6. Have you noticed your heart racing or beating irregularly?
- ! 7. Have you had blackouts without warning? (Stokes-Adams attacks)
- ! 8. Have you felt dizzy or blacked out when exercising? (Severe aortic stenosis or hypertrophic cardiomyopathy)
9. Do you have pain in your legs on exercise?
10. Do you have cold or blue hands or feet?
11. Have you ever had rheumatic fever, a heart attack or high blood pressure?

Respiratory system

1. Are you ever short of breath? Has this come on suddenly? (Pulmonary embolism)
2. Have you had any cough?
3. Is your cough associated with shivers and shakes (rigors) and breathlessness and chest pain? (Pneumonia)
4. Do you cough up anything?
- ! 5. Have you coughed up blood? (Bronchial carcinoma)
6. What type of work have you done? (Occupational lung disease)
7. Do you snore loudly? Do you fall asleep easily during the day? When? Have you fallen asleep while driving? Obtain a sleep history.
8. Do you ever have wheezing when you are short of breath?
9. Have you had fevers?
10. Do you have night sweats?
11. Have you ever had pneumonia or tuberculosis?
12. Have you had a recent chest X-ray?

Gastrointestinal system

1. Are you troubled by indigestion? What do you mean by indigestion?
2. Do you have heartburn?
- ! 3. Have you had any difficulty swallowing? (Oesophageal cancer)
- ! 4. Have you had vomiting, or vomited blood? (Gastrointestinal bleeding)
5. Have you had pain or discomfort in your abdomen?
6. Have you had any abdominal bloating or distension?

Questions box 1.1 *continued*

7. Has your bowel habit changed recently? (Carcinoma of the colon)
8. How many bowel motions a week do you usually pass?
9. Have you lost control of your bowels or had accidents (faecal incontinence)?
- ! 10. Have you seen blood in your motions? (Gastrointestinal bleeding)
- ! 11. Have your bowel motions been black? (Gastrointestinal bleeding)
- ! 12. Have you lost weight recently without dieting? (Carcinoma of the colon)
13. Have your eyes or skin ever been yellow?
14. Have you ever had hepatitis, peptic ulceration, colitis or bowel cancer?
15. Tell me (briefly) about your diet recently.

Genitourinary system

1. Do you have difficulty or pain on passing urine?
2. Is your urine stream as good as it used to be?
3. Is there a delay before you start to pass urine? (Applies mostly to men)
4. Is there dribbling at the end?
5. Do you have to get up at night to pass urine?
6. Are you passing larger or smaller amounts of urine?
7. Has the urine colour changed?
- ! 8. Have you seen blood in your urine? (Urinary tract malignancy)
9. Have you any problems with your sex life? Difficulty obtaining or maintaining an erection?
10. Have you noticed any rashes or lumps on your genitals?
11. Have you ever had a sexually transmitted disease?
12. Have you ever had a urinary tract infection or kidney stone?
13. Are your periods regular?
14. Do you have excessive pain or bleeding with your periods?

Haematological system

1. Do you bruise easily?
2. Have you had fevers, or shivers and shakes (rigors)?
- ! 3. Do you have difficulty stopping a small cut from bleeding? (Bleeding disorder)
- ! 4. Have you noticed any lumps under your arms, or in your neck or groin? (Haematological malignancy)
5. Have you ever had blood clots in your legs or in the lungs?

Musculoskeletal system

1. Do you have painful or stiff joints?
2. Are any of your joints red, swollen and painful?
3. Have you had a skin rash recently?
4. Do you have any back or neck pain?
5. Have your eyes been dry or red?
6. Have you ever had a dry mouth or mouth ulcers?
7. Have you been diagnosed as having rheumatoid arthritis or gout?
8. Do your fingers ever become painful and become white and blue in the cold?

Endocrine system

1. Have you noticed any swelling in your neck?
2. Do your hands tremble?
3. Do you prefer hot or cold weather?
4. Have you had a thyroid problem or diabetes?
5. Have you noticed increased sweating?
6. Have you been troubled by fatigue?
7. Have you noticed any change in your appearance, hair, skin or voice?
8. Have you been unusually thirsty lately? Or lost weight? (New onset of diabetes)

Reproductive and breast history (women)

1. How many pregnancies have you had?
2. Have you had any miscarriages?
3. Have you had high blood pressure or diabetes in pregnancy?
4. Were there any other complications during your pregnancies or deliveries?
5. Have you had a Caesarean section?
- ! 6. Have you had any bleeding or discharge from your breasts or felt any lumps there? (Carcinoma of the breast)

Questions box 1.1 *continued*

Neurological system and mental state

1. Do you get headaches?
- ! 2. Is your headache very severe and did it begin very suddenly? (Subarachnoid haemorrhage)
3. Have you had fainting episodes, fits or blackouts?
4. Do you have trouble seeing or hearing?
5. Are you dizzy?
6. Have you had weakness, numbness or clumsiness in your arms or legs?
7. Have you ever had a stroke or head injury?
8. Have you had difficulty sleeping?
9. Do you feel sad or depressed, or have problems with your 'nerves'?
10. Have you ever been sexually or physically abused?

The elderly patient

1. Have you had problems with falls or loss of balance? (High fracture risk)
2. Do you walk with a frame or stick?
3. Do you take sleeping tablets or sedatives? (Falls risk)
4. Do you take blood pressure tablets? (Postural hypotension and falls risk)
5. Have you been tested for osteoporosis?
6. Can you manage at home without help?
7. Are you affected by arthritis?
8. Have you had problems with your memory or with managing things like paying bills? (Cognitive decline)
9. How do you manage your various tablets? (Risk of polypharmacy and confusion of doses)

Concluding the interview

Is there anything else you would like to talk about?

LIST 2.1 Taking a better history

1. Ask open questions to start with (and resist the urge to interrupt), but finish with specific questions to narrow the differential diagnosis.
2. Do not hurry (or at least do not appear to be in a hurry, even if you have only limited time).
3. Ask the patient 'What else?' after he or she has finished speaking, to ensure that all problems have been identified. Repeat the 'What else?' question as often as required.
4. Maintain comfortable eye contact and an open posture. Do not cross your legs, and do not lean backwards.
5. Use the head nod appropriately, and use silences to encourage the patient to express him- or herself.
6. When there are breaks in the narrative, provide a summary for the patient by briefly restating the facts or feelings identified, to maximise accuracy and demonstrate active listening.
7. Clarify the list of chief or presenting complaints with the patient, rather than assuming that you know them.
8. If you are confused about the chronology of events or other issues, admit it and ask the patient to clarify.
9. Make sure the patient's story is internally consistent and, if not, ask more questions to verify the facts.
10. If emotions are uncovered, name the patient's emotion and indicate that you understand (e.g. 'You seem sad'). Show respect and express your support (e.g. 'It's understandable that you would feel upset').
11. Ask about any other concerns the patient may have, and address specific fears.
12. Express your support and willingness to cooperate with the patient to help solve the problems together.

Questions box 2.4

Questions related to the maintenance of good health

1. Are you a smoker? When did you stop?
2. Do you know what your cholesterol level is?
3. Do you think you eat a healthy diet? Tell me about your diet.
4. Has your blood pressure been high?
5. Have you had diabetes or a raised blood sugar level?
6. Do you drink alcohol? Every day? How many drinks?
7. Do you do any sort of regular exercise?
8. Do you think you have engaged in any risky sexual activity? What was that?
9. Have you ever used illegal drugs? Which ones? Do you use over-the-counter or complementary medications?
10. What vaccinations have you had? Include specific questions about tetanus, influenza, pneumococcal and meningococcal vaccination and *Haemophilus influenzae* (these last three are essential for patients who have had a splenectomy as they are especially vulnerable to infection with these encapsulated organisms), hepatitis A and B, human papilloma virus (HPV) and travel vaccinations.
11. Have you had any regular screening for breast cancer (based on family history or from age 50 years)?
12. Have you had screening for colon cancer? (From age 50 or earlier if a relevant family history of colon cancer or inflammatory bowel disease.) What test was done?

Questions box 4.1

Questions to ask the patient with suspected angina

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. Can you tell me what the pain or discomfort is like? Is it sharp or dull, heavy or tight?
2. When do you get the pain? Does it come out of the blue, or does it come on when you do physical things? Is it worse if you exercise after eating?
3. How long does it last?
4. Where do you feel it?
5. Does it make you stop or slow down?
6. Does it go away quickly when you stop exercising?
- ! 7. Is it coming on with less effort or at rest? (Unstable symptoms)
8. Have you had angina before, and is this the same?

Questions box 4.2

Questions to ask the patient with palpitations

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. Is the sensation one of the heart beating abnormally, or something else?
2. Does the heart seem fast or slow? Have you counted how fast? Is it faster than it ever goes at any other time, e.g. with exercise?
3. Does the heart seem regular or irregular: stopping and starting? If it is irregular, is this the feeling of normal heart beats interrupted by missed or strong beats—ectopic beats; or is it completely irregular? (Atrial fibrillation)
4. How long do the episodes last?
5. Do the episodes start and stop very suddenly? (Supraventricular tachycardia (SVT))
6. Can you terminate the episodes by deep breathing or holding your breath? (SVT)
7. Is there a sensation of pounding in the neck? (Some types of SVT⁹)
8. Has an episode ever been recorded on an ECG?
- ! 9. Have you lost consciousness during an episode? (Ventricular arrhythmias)
- ! 10. Have you had other heart problems such as heart failure or a heart attack in the past? (Ventricular arrhythmias?)
11. Is there heart trouble of this sort or of people dying suddenly in the family? (Sudden death syndromes e.g. Brugada syndrome or a long QT interval syndrome)

Questions box 4.3

Questions to ask the patient with suspected peripheral vascular disease

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. Have you had problems with walking because of pains in the legs?
2. Where do you feel the pain?
3. How far can you walk before it occurs?
4. Does it make you stop?
5. Does it go away when you stop walking?
- ! 6. Does the pain ever occur at rest? (Severe ischaemia may threaten the limb)
7. Have there been changes in the colour of the skin over your feet or ankles?
8. Have you had any sores or ulcers on your feet or legs that have not healed?
9. Have you needed treatment of the arteries of your legs in the past?
10. Have you had diabetes, high blood pressure or problems with stroke or heart attacks in the past?
11. Have you been a smoker?

Questions box 4.4

Questions to ask about possible cardiovascular risk factors

1. Have you had angina or a heart attack in the past?
2. Do you know what your cholesterol level is? Before or after treatment?
3. Are you a diabetic? How well-controlled is your diabetes?
4. Have you had high blood pressure and has it been treated?
5. Are you now or have you been a smoker? How long since you stopped?
6. Have you had kidney problems?
7. Do you have rheumatoid arthritis?
8. Do you drink alcohol? How much?
9. For men: Have you had any problems with sex? Obtaining erections?
10. Have people in your family had angina or heart attacks? Who? How old were they?

Questions box 4.5

Questions to ask the patient with hypertension

1. Do you use much salt in your diet, or eat salty prepared or snack foods?
2. Have you put on weight recently?
3. How much alcohol do you drink?
4. What sort of exercise do you do and how much?
5. Do you take your blood pressure at home? What readings do you get?
6. Are you taking any blood pressure tablets now? Have you taken these medications in the past? Do the tablets cause you any problems?
7. Are you taking arthritis drugs (NSAIDs)? Steroids?
8. Have you had any kidney problems? Blood in the urine? Ankle swelling? Shortness of breath?

Questions box 7.1

Questions to ask the patient with a heart murmur

1. Has anyone noticed this murmur before? Were any tests done?
2. Did you have rheumatic fever as a child?
3. Have you been told you need antibiotics before dental work or surgical operations?
4. Have you become breathless when you exert yourself?
5. Have you had chest tightness during exercise? (Aortic stenosis)
6. Have you had dizziness or a blackout during heavy exercise? (Severe aortic stenosis)
7. Have you been breathless lying flat? (Heart failure complicating valve disease)

Questions box 9.1

Questions to ask the patient with a cough

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. How long have you had the cough?
2. Do you cough up anything? What? How much?
3. Have you had sinus problems?
- ! 4. Is the sputum clear or discoloured? Is there any blood in the sputum?
5. Have you had high temperatures?
6. Does coughing occur particularly at night (acid reflux)?
7. Have you become short of breath?
8. Have you had lung problems in the past?
9. Have you been a smoker? Do you still smoke?
10. Have you noticed wheezing? (Asthma, chronic obstructive pulmonary disease [COPD])?
11. Do you take any tablets? (e.g. ACE inhibitors)

Questions box 9.2

Questions to ask the breathless patient

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. How long have you been short of breath? Has it come on quickly?
2. How much exercise can you do before your shortness of breath stops you or slows you down? Can you walk up a flight of stairs?
- ! 3. Have you been woken at night by breathlessness or had to sleep sitting up? (Paroxysmal nocturnal dyspnoea [PND], orthopnoea)
4. Have you had heart or lung problems in the past?
- ! 5. Have you had a temperature?
6. Do you smoke?
- ! 7. Is there a feeling of tightness in the chest when you feel breathless? (Angina)
8. Do you get wheezy in the chest? Cough?
9. Is the feeling really one of difficulty getting a satisfying breath? (Anxiety)
10. Is it painful to take a big breath? (Pleurisy or pericarditis)
- ! 11. Did the shortness of breath come on very quickly or instantaneously? (Pulmonary embolus [very quick onset] or pneumothorax [instantaneous onset])
12. Are you often short of breath when you are anxious? Do you feel numbness and tingling around your lips when you are breathless? (Hyperventilation associated with anxiety)

Questions box 13.1

Questions to ask a patient presenting with recurrent vomiting

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

1. Describe what happens during a typical episode (rule out rumination).
2. How long have you been having attacks of vomiting (distinguish acute from chronic)?
3. Does the vomiting occur with nausea preceding it, or does it occur without any warning?
4. Is the vomiting usually immediately after a meal or hours after a meal?
5. Do you have vomiting early in the morning or late in the evening?
- ! 6. What does the vomit look like? Is it bloodstained, bile-stained or feculent? (Gastro-intestinal bleeding or bowel obstruction)
7. Do you have specific vomiting episodes followed by feeling completely well for long periods before the vomiting episode occurs again? (Cyclical vomiting syndrome)
8. Is there any abdominal pain associated with the vomiting?
- ! 9. Have you been losing weight?
10. What medications are you taking?
11. Do you have worsening headaches? (Neurological symptoms suggest a central cause)

Questions box 13.2

Questions to ask the patient with acid reflux or suspected gastro-oesophageal reflux disease (GORD)

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

1. Do you have heartburn (a burning pain under the sternum radiating up towards the throat)? How often does this occur? (More than once a week suggests GORD)
2. Does your heartburn occur after meals or when you lean forwards or lie flat in bed (typical of acid reflux)?
- ! 3. Does the pain radiate across your chest down your left arm or into your jaw? (Suggests myocardial ischaemia)
4. Is the pain relieved by antacids or acid-blocking drugs? (Typical of acid reflux)
5. Do you experience suddenly feeling bitter-tasting fluid in your mouth? (Acid regurgitation; typical of acid reflux)
6. Have you experienced the sudden appearance of a salty tasting or tasteless fluid in your mouth? (Waterbrash, not GORD)
- ! 7. Have you had trouble swallowing? (Dysphagia; see Questions box 13.3)
8. Have you been troubled by a cough when you lie down?

Questions box 13.3

Questions to ask a patient who reports difficulty swallowing

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

1. Do you have trouble swallowing solids or liquids, or both? (Solids and liquids suggests a motor problem, e.g. achalasia; solids only suggests a mechanical problem like cancer or a stricture)
2. Where does the hold-up occur (please point to the area)? (Pointing to the lower oesophagus suggests mechanical obstruction in the lower oesophagus)
3. Is the trouble swallowing intermittent or persistent? (Intermittent suggests eosinophilic oesophagitis [EoE], a lower oesophageal ring or a motor problem; EoE also causes acute food impaction)
4. Has the problem been getting progressively worse? (This suggests cancer or a stricture)
5. Do you cough or choke on starting to swallow? (This suggests oropharyngeal dysphagia)
6. Is it painful to swallow (odynophagia)? (This suggests acute inflammation of the oesophagus)
7. Do you have any heartburn or acid regurgitation? (Yes suggests GORD)
- ! 8. Have you been losing weight? (Worry about cancer)
9. Do you have asthma or hay fever? (This would be further supportive of EoE)

Questions box 13.6

Questions to ask the patient who presents with vomiting blood (haematemesis)

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

- ! 1. Was there fresh blood in the vomitus? Or was the vomitus coffee-grain stained?
- ! 2. Have you passed any black stools or blood in the stools?
3. Before any blood was seen in the vomitus, did you experience intense retching or vomiting? (Mallory-Weiss tear)
4. Have you been taking aspirin, non-steroidal anti-inflammatory drugs or steroids?
5. Do you drink alcohol? Do you have liver disease?
6. Have you ever had a peptic ulcer?
- ! 7. Have you lost weight?

Questions box 13.4

Questions to ask the patient presenting with diarrhoea

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

1. How many stools per day do you pass now normally?
2. What do the stools look like (stool form e.g. loose and watery)?
3. Do you have to race to the bathroom to have a bowel movement? (Urgency in colonic disease)
4. Have you been woken from sleep during the night by diarrhoea? (Organic cause more likely)
- ! 5. Have you seen any bright-red blood in the stools, or mucus or pus? (Suggests colonic disease)
6. Are you passing large volumes of stool every day? (Suggests small bowel disease if non-bloody)
7. Are your stools pale, greasy, smelly and difficult to flush away (steatorrhoea)?
8. Have you seen oil droplets in the stool? (Chronic pancreatitis)
9. Have you had problems with leakage of stool (faecal incontinence)?
- ! 10. Have you lost weight? (e.g. cancer, malabsorption)
11. Have you had treatment with antibiotics recently? (Consider *Clostridium difficile* infection)
12. Have you had any recent travel? Where to? (Consider infections such as *Giardia*)
13. Have you a personal history of inflammatory bowel disease or prior gastrointestinal surgery?
14. Have you any history in the family of coeliac disease or inflammatory bowel disease?
15. Have you had any problems with arthritis? (e.g. inflammatory bowel disease, Whipple's disease)
- ! 16. Have you had recent fever, rigors or chills (e.g. infection, lymphoma)?
17. Have you had frequent infections? (Immunoglobulin deficiency)

Questions box 13.5

Questions to ask a patient presenting with constipation

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

1. How often do you have a bowel movement?
2. Are your stools hard or difficult to pass?
3. What do the stools look like (stool form, e.g. small pellets)?
4. Do you strain excessively on passing stool?
5. Do you feel there may be a blockage at the anus area when you try to pass stool?
6. Do you ever press your finger in around the anus (or vagina) to help stool pass?
- ! 7. Has your bowel habit changed recently?
8. Any recent change in your medication?
- ! 9. Any blood in the stools?
10. Any abdominal pain? Is pain made better by a bowel movement?
- ! 11. Any recent weight loss?
12. Do you ever have diarrhoea?
- ! 13. Do you have a history of colon polyps or cancer? Any family history of colon cancer?

Questions box 17.2

Questions to ask the dialysis patient

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem.

1. What fluid restriction have you been recommended?
2. Have phosphate-binding drugs been prescribed? When do you take these relative to meals?
3. Do you use haemodialysis or peritoneal dialysis? Do you do this at home? How many times a week?
- ! 4. Have you had abdominal pain or fever recently? (Peritonitis related to peritoneal dialysis)
5. Have you had any problems with haemodialysis, such as low blood pressure, or with the fistula used for haemodialysis? Have you had any problems with peritonitis with peritoneal dialysis?
6. How much weight do you gain between each haemodialysis?
7. Do you still pass any urine? If so, how much?
8. Are you on a renal transplant list or have you previously had a transplant?
9. Do you follow recommended dietary restrictions?
10. What other medications do you take?
11. Have you had heart or blood vessel problems?
12. Have you had overactive parathyroid glands or parathyroid surgery?

Questions box 13.7

Questions to ask the patient presenting with jaundice

! denotes symptoms for the possible diagnosis of an urgent or dangerous problem

1. Is your urine dark? Are your stools pale? (Obstructive jaundice)
2. Do you have any skin itching (pruritus)?
- ! 3. Have you had any fever? (Cholangitis)
- ! 4. Have you had a change in your appetite or weight? (Malignancy)
5. Have you had any abdominal pain or change in bowel habit?
- ! 6. Have you had any vomiting of blood or passage of dark stools?
7. Do you drink alcohol? How much? How long? (CAGE questions, page 12)
8. Have you ever used intravenous drugs?
9. Do you have any tattoos?
10. Have you ever had a blood transfusion?
11. Have you started any new medications recently?
12. Have you had any recent contact with patients with jaundice or liver problems?
13. Have you any history of recent high-risk sexual behaviours?
14. Have you travelled overseas to areas where hepatitis A is endemic?
15. Have you been immunised against hepatitis B?
16. Have you any history of inflammatory bowel disease? (Primary sclerosing cholangitis)
17. Have you had any surgeries (e.g. pancreatic or biliary)?
18. What is your occupation (contact with hepatotoxins)?
19. Is there any family history of liver disease?