

Station (1): Abdominal pain

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset (sudden or gradual)						
6	Character (colicky, tight, vague, burning)						
7	Radiation (yes or no, if yes to where?)						
8	Timing (constant, intermittent)						
9	Course over time (better, same, progressive)						
10	Exacerbating factors						
11	Relieving factors						
12	Severity, previous similar hx?						
Associated symptoms in the same system (GI) :							
13	Nausea and vomiting						
14	Change in bowel habit (diarrhea/constipation) And abdominal distention						
15	Hematemesis or hematochezia						
16	Heartburn, dysphagia or odinophagia						
17	Jaundice						
18	Mouth or perianal ulcers						
Associated symptoms with other systems:							
19	ROS mainly urinary sx (see station 12) and hx of trauma						
Associated B-symptoms :							
20	Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)						
Remnants of the history:							
21	Past medical hx (HTN, DM, Celiac, IBD)						

22	Upper on lower endoscopy?								
23	Past surgical hx (appendectomy, cholecystectomy)								
24	Drugs for chronic diseases								
25	Specific drugs (Paracetamol, NSAIDs, antibiotics, steroids)								
26	Family hx of GI disease (FMF, colon CA, celiac)								
27	Occupation (needle stick?)								
28	Smoking and pack year								
29	Alcohol and tattoos								
30	Recent travel hx or blood transfusion								
31	Diet (fatty meal, street food)								
32	Gynecological hx if female : -if married; ask if pregnant or not -Last menstrual period, Regular or not								

Station (2): Vomiting

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times/day)						
5	Content (food, blood, bile, faeculent)						
6	Projectile (yes or no)						
7	Related to meals (yes or no)						
8	Spontaneous or self induced or posttussive						
Associated symptoms in the same system (GI) :							
9	Abdominal pain						
10	Nausea						
11	Change in bowel habit (diarrhea/constipation) And abdominal distention						
12	Hematochezia						
13	Heartburn, dysphagia or odenophagia						
14	Jaundice						
15	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
16	ROS mainly CNS sx (almost skip) and hx of trauma						

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Associated B-symptoms :

17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)																		
Remnants of the history: <i>Sp's) green</i>																			
18	Past medical hx (HTN, DM, Addison, IBS, Liver failure, CKD)																		
19	Upper on lower endoscopy?																		
20	Past surgical hx																		
21	Drugs for chronic diseases																		
22	Specific drugs (Paracetamol, NSAIDs, antibiotics, opioids, digoxin, cytotoxics, SSRIs and antidepressants)																		
23	Family hx of GI disease (FMF, colon CA, celiac)																		
24	Occupation (needle stick?)																		
25	Smoking and pack year																		
26	Alcohol and tattoos																		
27	Recent travel hx or blood transfusion																		
28	Diet (fatty meal, street food)																		
29	Gynecological hx if female : -If married; ask if pregnant or not -Last menstrual period -Regular or not																		

Station (3): Diarrhea

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times/day)						
5	Content (blood or mucous or pus)						
6	Consistency (watery, soft)						
7	Volume						
8	Color						
9	Relation to fasting or eating (improves or worsens with each of them)						
Associated symptoms in the same system (GI) :							
10	Abdominal pain						
11	Nausea and vomiting						
12	Tenesmus or Incontinence or distention						
13	Alternating with constipation (yes or no)						
14	Jaundice						
15	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
16	ROS (almost skip)						

Station (4): Jaundice

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Where was seen (sclera, skin), by whom?						
5	Course with time (progressive, same, better)						
6	Associated with itching (Yes or no)						
7	Bleeding tendency, easy bruising (yes or no)						
8	Exacerbating factors (stress , fasting)						
9	Previous similar hx						
Associated symptoms in the same system (GI) :							
10	Abdominal pain						
11	Nausea and vomiting						
12	Color of stool and urine						
13	Change in bowel habits						
14	Hematemesis or hematochezia						
15	Abdominal distention						
Associated symptoms with other systems:							
16	ROS (almost skip)						

Associated B-symptoms :									
17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)								
Remnants of the history:									
18	Past medical hx (HTN, DM, G.B stones, liver failure, Pancreatic CA, Cholangiocarcinoma, G6PD, Spherocytosis, Sickle cell, autoimmune diseases like celiac and thyroid)								
19	Upper on lower endoscopy?								
20	Past surgical hx								
21	Drugs for chronic diseases								
22	Specific drugs (Paracetamol, Rifampicin, Isoniazid, Flucloxacillin, cytotoxics)								
23	Family hx of GI disease (Pancreatic CA, Gilbert's Syndrome)								
24	Occupation (needle stick)								
25	Smoking and pack year								
26	Alcohol and tattoos								
27	Blood transfusion or IV drugs								
28	Immunizations and hx of sick contact								
29	Recent travel hx and to where								
30	Diet (fatty meal, street food)								

Station (5): Dysphagia

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Course with time (progressive, same, better)						
5	Timing (always or intermittent)						
6	For solids or liquids or both (which is worse?)						
7	Level of feeling the food sticks at						
8	Painful (odynophagia) or painless						
9	Exacerbating and relieving factors						
Associated symptoms in the same system (GI) :							
10	Abdominal pain						
11	Nausea and vomiting						
12	Heartburn						
13	Change in bowel habits.						
14	Hematemesis or hematochezia						
15	Halitosis, Globus, mouth or peri anal ulcers						
Associated symptoms with other systems:							
16	ROS; neurological sx for Myasthenia gravis or CVA, Respiratory sx and hx of aspiration, endocrine sx for thyroid (almost skip)						

Associated B-symptoms :									
17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)								
Remnants of the history:									
18	Past medical hx (HTN, DM, thyroid, Myasthenia Gravis, CVA, hx of alkali ingestion)								
19	Upper or lower endoscopy or esophageal dilatation								
20	Past surgical hx								
21	Drugs for chronic diseases								
22	Specific drugs (steroids , immunosuppressant) can cause esophagitis								
23	Family hx of GI or neurological or thyroid diseases								
24	Occupation (exposure to radiation)								
25	Smoking and pack year								
26	Alcohol								
27	Diet (impact of dysphagia on it)								

Station (6): GI bleeding (Hematemesis or Hematochezia)

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times)						
5	Course with time (progressive, same, better)						
6	Amount of blood						
7	How it appears (clots, streaks, active bleeding, mixed with stool)						
8	When it appears (beginning or finishing or all through)						
9	What is the exact color (fresh red, dark brown, black)						
10	Risk factor ; forceful vomiting or anal fissure						
11	Bleeding tendency, easy bruising , bleeding from other sites than the GI tract (yes or no)						
12	Previous similar hx						
Associated symptoms in the same system (GI) :							
13	Abdominal pain						
14	Nausea and vomiting						
15	Heartburn and dyspepsia						
16	Change in bowel habit (diarrhea/constipation)						
17	If hematemesis ask about hematochezia and if hematochezia ask about hematemesis						
18	Abdominal distention						
19	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
20	ROS (almost skip)						

Associated B-symptoms :									
21	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)								
Remnants of the history:									
22	Past medical hx (HTN, DM, liver disease (cirrhosis) , Pancreatic disease, Peptic Ulcer, IBD, bleeding tendency)								
23	Upper on lower endoscopy?								
24	Past surgical hx								
25	Drugs for chronic diseases								
*26	Specific drugs (NSAIDs, glucocorticoids, anticoagulants)								
27	Family hx of GI or hematological diseases								
28	Occupation								
29	Smoking and pack year								
30	Alcohol								
31	Diet								
32	Recent travel hx and to where								

Station (7): Chest pain → Syncope

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset (sudden or gradual)						
6	Character						
7	Radiation (yes or no, if yes to where?)						
8	Timing (constant, intermittent)						
9	Course over time (better, same, progressive)						
10	Exacerbating factors						
11	Relieving factors						
12	Severity						
13	Previous similar hx						
Associated symptoms (Cardio, respiratory, GI, MSK):							
14	Palpitations, orthopnea, PNDs, edema						
15	SOB, cough, noisy breathing, sx of DVT						
16	Syncope						
17	Heartburn, dysphagia or odenophagia						
18	Hx of trauma or muscle spasm or rib fracture						
19	Skin rash (shingles)						
Associated symptoms with other systems:							
20	ROS (almost skip)						
Associated B-symptoms :							
21	Fever, night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
22	Past medical hx (HTN, DM, cardiac diseases, chronic						

	respiratory conditions like asthma, COPD, CF, Bronchiactasis, GERD, dyslipidemia)								
23	Hx of cath (stented or not), bronchoscopy?								
24	Recent URTI or gastroenteritis								
25	Past surgical hx (CABG, valve replacement, recent major surgery like C/S, hip or knee replacement)								
26	Drugs for chronic diseases								
27	Specific dugs (B-Blockers, <u>thyroxin</u> , NSAIDs, OCPs, nitrates)								
28	Family hx of cardiac or respiratory diseases								
29	Occupation								
30	Smoking and pack year								
31	Alcohol								
32	Recent travel hx or blood transfusion								
33	Diet								

Station (8): Breathlessness or Shortness of breath

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Onset (sudden or gradual)						
5	Timing (constant, intermittent)						
6	Course over time (better, same, progressive)						
7	Exacerbating factors						
8	Relieving factors						
9	Severity (use MRC scale)						
10	Previous similar hx						
Associated symptoms (Cardio, respiratory, MSK) :							
11	Palpitations, orthopnea, PNDs, syncope						
12	Chest pain, cough, noisy breathing, sx of DVT						
13	Edema (lower limbs, ascites, scrotal edema)						
14	Hx of trauma						
Associated symptoms with other systems:							
15	ROS (almost skip)						
Associated B-symptoms :							
16	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
17	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiactasis, DVT, PE)						
18	Hx of cath (stented or not), bronchoscopy?						
19	Recent URTI or gastroenteritis						
20	Past surgical hx (CABG, valve replacement, recent major						

	surgery like C/S, hip or knee replacement)								
21	Drugs for chronic diseases								
22	Specific drugs (B-Blockers, <u>thyroxin</u> , <u>NSAIDs</u> , OCPs, nitrates, B2 agonists)								
23	Family hx of cardiac or respiratory diseases								
24	Occupation								
25	Smoking and pack year								
26	Alcohol								
27	Recent travel hx or blood transfusion								
28	Diet								

Station (9): Cough

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Onset (sudden or gradual)						
5	Character (barking, whooping)						
6	Diurnal variation (constant, intermittent)						
7	Course over time (better, same, progressive)						
8	Exacerbating factors						
9	Relieving factors						
10	Productive (has sputum or not), if yes: Color, volume, consistency, has blood or not						
11	Previous similar hx						
Associated symptoms (Cardio, respiratory, GI) :							
12	Palpitations, orthopnea, PNDs, syncope						
13	Chest pain, cyanosis, noisy breathing, SOB, sx of DVT						
14	Edema (lower limbs, ascites, scrotal edema)						
15	Heartburn						
Associated symptoms with other systems:							
16	ROS (almost skip)						
Associated B-symptoms :							
17	Fever, night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiectasis, DVT, PE)						
19	Hx of cath (stented or not), bronchoscopy?						

20	Recent URTI or gastroenteritis								
21	Past surgical hx								
22	Drugs for chronic diseases								
23	Specific drugs (B-Blockers, ACE inhibitors, NSAIDs, B2 agonists)								
24	Family hx of cardiac or respiratory diseases								
25	Occupation								
26	Smoking and pack year								
27	Alcohol								
28	Recent travel hx or blood transfusion								
29	Diet								

Station (10): Hemoptysis

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times)						
5	Color (red, pink, brown)						
6	Appearance and volume of blood -(streaks, clots, fresh blood) -(small amount, large amount, cup, spoon)						
7	With each cough (yes or no), started together?						
8	Sure it is coughed and not vomited or swallowed blood (ex. Epistaxis)?						
9	Previous similar hx						
10	Bleeding from other sites? Easy bruising?						
11	Cough analysis (see previous station)						
Associated symptoms (Cardio, respiratory, GI) :							
12	Palpitations, orthopnea, PNDs, syncope						
13	Chest pain, cyanosis, noisy breathing, SOB, sx of DVT						
14	Edema (lower limbs, ascites, scrotal edema)						
15	Heartburn, gum disease, jaundice						
Associated symptoms with other systems:							
16	ROS (almost skip)						
Associated B-symptoms :							
17	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF,						

	Bronchiactasis, DVT, PE, lung CA, Bleeding disorder, Liver diseases)								
19	Hx of cath (stented or not), bronchoscopy?								
20	Recent URTI or gastroenteritis								
21	Past surgical hx								
22	Drugs for chronic diseases								
23	Specific drugs (anticoagulants, NSAIDs)								
24	Family hx of cardiac or respiratory or hematological diseases								
25	Occupation								
26	Smoking and pack year								
27	Alcohol								
28	Recent travel hx or blood transfusion								
29	Diet								

Station (11): Red urine

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times)						
5	Color (red, pink, brown, tea colored)						
6	Appearance of blood (streaks, clots, fresh blood)						
7	Relation to voiding (beginning, mid or end)						
8	With each void (yes or no)						
9	Painful or painless						
10	Bleeding tendency or easy bruising						
11	Previous similar hx						
Associated symptoms (Urogenital) :							
12	Dysuria or abdominal pain or loin pain						
13	Urgency, Frequency, nocturia, urinary incontinence						
14	Hesitancy, poor stream, strain to void, dribbling, proteinuria, urine amount						
15	Perineal irritation or menstruating						
Associated symptoms with other systems:							
16	ROS including edema and bruises (almost skip)						
Associated B-symptoms :							
17	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, Bleeding disorder, Liver diseases, G6PD, CKD, renal stones Nephrotic S Alport's)						

19	Hx of Foley's catheter insertion or any trauma								
20	Recent URTI or gastroenteritis								
21	Past surgical hx								
22	Drugs for chronic diseases								
23	Specific drugs (anticoagulants, NSAIDs, Rifampin)								
24	Family hx of renal or hematological diseases								
25	Occupation								
26	Smoking and pack year								
27	Alcohol								
28	Recent travel hx or blood transfusion								
29	Diet (dyes, beet, fava beans)								

Station (12): Loin pain (UTI vs. Pyelonephritis)

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset (sudden or gradual)						
6	Character (colicky, tight, vague)						
7	Radiation (yes or no, if yes to where?)						
8	Timing (constant, intermittent)						
9	Course over time (better, same, progressive)						
10	Exacerbating factors						
11	Relieving factors						
12	Severity						
13	Previous similar hx						
Associated symptoms in the same system (Urogenital) :							
14	Dysuria						
15	Urgency, Frequency, nocturia, incontinence						
16	Hesitancy, poor stream, strain to void, dribbling						
17	Hematuria						
18	Frothy urine (proteinuria) + amount of urine						
Associated symptoms with other systems:							
19	ROS mainly GI sx (almost skip) and hx of trauma						
Associated B-symptoms :							
20	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)						
Remnants of the history:							
21	Past medical hx (HTN, DM,CKD, stones ,PCKD)						
22	If CKD, ask if on dialysis and via what						

23	Past surgical hx (appendectomy, nephrectomy, Double J inserion)								
24	Drugs for chronic diseases								
25	Specific dugs (Paracetamole, NSAIDs, antibiotics)								
26	Family hx of Renal disease(CKD, PCKD, Alport)								
27	Occupation								
28	Smoking and pack year								
29	Alcohol								
30	Recent travel hx or blood transfusion								
31	Diet								
32	Gynecological hx if female : -If married; ask if pregnant or not -last menstrual period, Regular or not								