ADVANTAGES OF A CHECKLIST

Traditionally, students have learned to take a history by memorizing a standard checklist and have been warned that a checklist should not be used in front of the patient.

When the opinions of patients were solicited concerning the reading of questions in front of them, it was found that patients either did not recall that the physician had been reading the questions, or if the patient had been to other doctors, they would often claim that it was the first time they had a thorough history taken.

Some of the advantages of reading an organized list of questions are:

1. The final history as written on paper may be very short because no negative findings need be recorded; otherwise it is necessary to list all negative findings for the reader to know what has been asked.
2. The history can be taken more rapidly with a list of questions than without, because you are not trying to recall your place as would be necessary with a memorized checklist, especially if the patient rambles.
3. Upon leaving the patient, there is no feeling of insecurity due to fear that you may have forgotten to ask something.

Cardiological diagnosis can be learned from the checklist in this chapter. An asterisk before each important symptom refers the physician to another page that lists further questions suggesting a differential diagnosis. In this way, physicians can take a good chief complaint history, and they also learn the differential diagnosis of all important symptoms.

The checklist proposed here is not to be used as a “check-off” list with yes or no answers but rather as a “reminder” list. The patient’s answers to the reminder list can be taken down in an unorganized form on separate sheets and later reorganized under a few headings, such as:

1. Chief complaint (why patient came or was referred, and who referred). How long before seeing you or before admission?
2. History of chief complaint or complaints. For example, if the patient has chest pain, write the complete story of the chest pain from the follow-up questions of the checklist.
3. Other etiologies pertinent to the chief complaint. These headings should contain the word “Possibilities”; for example, if the patient has known valvular disease, “Rheumatic Heart Disease Possibilities” would be an appropriate heading.

**REMEMBER LIST HISTORY**

If the patient has had cardiac surgery, indicate the date, place, type of operation, name of surgeon. Were cardiac symptoms alleviated? Catheterization results? Were there surgical complications, e.g., emboli or infections? Treatment after surgery, e.g., anticoagulants?

**Left Ventricular Failure or High Left Atrial Pressure Possibilities**

*Note: An asterisk before a question indicates that if the patient answers yes to that question, you should turn to a later page that gives the differential diagnosis of that symptom by means of more questions.*

1. Dyspnea, cough, or wheeze on exertion, on hills or on stairs? (If yes, see p. 7.)
2. Orthopnea? (If yes, see p. 8.)
3. Paroxysmal nocturnal dyspnea? (If yes, see p. 9.)
4. Heart failure symptoms in pregnancy? (If in first trimester, may be due to placental product.)
5. Therapy with low-salt diet or drugs? (Indicate dose and if helped.) Why stopped? Side effects? If digitalis, did patient have gastrointestinal symptoms, weakness [1], faintness, dizziness, visual disturbances, or palpitations? If diuretics (loop or thiazide?), were there muscle cramps or weakness? Preload or afterload reducers used? Drugs used that could precipitate borderline failure, e.g., beta blockers, calcium blockers, or disopyramide?

**Peripheral Venous Congestion or Pseudo Right Heart Failure Possibilities**

1. Peripheral edema, maximum and minimum weight? (If yes, see p. 9.)
2. Abdominal swelling? (If before orthopnea, consider tamponade. (See p. 5 for tamponade symptoms.) Right upper abdominal pain with exercise or bending discomfort? (Suggests hepatomegaly.)

**Low Output State Possibilities**

1. Weakness or fatigue? Afternoon nap necessary? When last able to do normal activities comfortably? Most strenuous activity in past few months?