

Chapter 01: The History and Interviewing Process

Test Bank—Medical

MULTIPLE CHOICE

1. Which question would be considered a “leading question?”

a.	“Please describe any associated symptoms with your headaches?”
b.	“You don’t get headaches often, do you?”
c.	“What activities affect the severity of your headaches?”
d.	“What times of the day are your headaches the most severe?”
e.	“What worries you most about your headache.”

ANS: B

This question would limit the information in the patient’s answer. The other choices allow the patient more discretion about the extent of an answer.

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2. To prevent personal appearance from becoming an obstacle in patient care, the health care professional should

a.	wear a uniform.
b.	always wear a white coat.
c.	avoid extremes in dress.
d.	avoid wearing any jewelry.
e.	avoid wearing white.

ANS: C

Sensible personal habits, along with avoidance of extremes in behavior and dress, contribute to establishing a trusting relationship between the provider of care and the patient. Uniforms help identify roles rather than relationships.

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3. Which action would best promote accurate translations as well as confidentiality when the caregiver does not speak the patient’s language?

a.	Ask a person unfamiliar with the patient to translate.
b.	Have a friend of the patient translate.
c.	Ask simple leading questions that the patient may understand.
d.	Use a neighbor as translator.

e.

Involve the family with the translation.

ANS: A

When you do not speak the patient's language, family members or friends may pose a communication barrier and may have issues of confidentiality; a stranger as an interpreter is less biased.

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4. When are open-ended questions generally most useful?

a.	During the physical examination
b.	After several close-ended questions have been asked
c.	While designing the genogram
d.	During the review of systems
e.	During the initial part of the interview

ANS: E

Asking open-ended questions at the beginning of an interview allows you to gather more information and establishes yourself as an empathetic listener, which is the first step of effective communication. Interviewing for the purpose of conducting a genogram or review of systems requires more focused data that can be more easily gathered with direct questioning.

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5. Behaviors that diffuse anxiety during the interview include

a.	trying to limit the patient to simple "yes" or "no" answers.
b.	providing forthright answers to questions.
c.	providing all necessary information before the patient has to ask for it.
d.	completing the interview as quickly as possible.
e.	avoiding the wearing of uniforms and laboratory coats.

ANS: B

To relieve anxiety, the health care professional should answer patient questions in a forthright manner, avoiding overload of information and without hurrying the conversation.

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6. Periods of silence during the interview can serve important purposes, such as

a.	allowing the clinician to catch up on documentation.
b.	giving you a clue that you should speed up the interview.
c.	providing time for reflection.
d.	increasing the length of the visit.
e.	promoting calm.

ANS: C

Silence is a useful tool during interviews for the purposes of reflection, summoning of courage, and displaying compassion. It is usually a clue for you to go slower and not to push too hard.

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7. Which technique is most likely to result in the patient's understanding of questions?

a.	Use phrases that are commonly used by other patients in the area.
b.	Use the patient's own terms if possible.
c.	Use language that keeps the patient from being expansive in his or her answer.
d.	Use proper medical and technical terminology.
e.	Use the simplest language possible.

ANS: B

To ensure that your questions have been correctly understood, be clear and explicit while using the patient's idiom and level of understanding.

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8. Mr. F. is speaking with you, the health care provider, about his respiratory problem. Mr. F. says, "I've had this cough for 3 days, and it's getting worse." You reply, "Tell me more about your cough." Mr. F. states, "I wish I could tell you more. That's why I'm here. You tell me what's wrong!" Which caregiver response would be most appropriate for enhancing communication?

a.	"After 3 days, you're tired of coughing. Have you had a fever?"
b.	"I'd like to hear more about your experiences. Where were you born?"
c.	"You may have a serious problem, and being confrontational will not help."
d.	"I'll examine you and figure out the problem later."

e.	“I don’t know what’s wrong. You could have almost any disease.”
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ANS: A

This is the only response aimed at focusing on the chief concern to gather more data and does not digress from the issue.

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9. A patient becomes restless during the history and says, “I don’t have time for all of this conversation. I’ve got to get back to work.” Your most appropriate response would be to

a.	stop using open-ended questions and become more direct.
b.	ask another open-ended question and insist on an answer.
c.	ask questions about his anger and move closer to him.
d.	acknowledge his anger and proceed with the history and examination.
e.	ignore his displeasure and become more assertive about getting answers.

ANS: D

This is the only that resists the tendency for patient manipulation, pursues the information, and confronts the patient’s anger.

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10. When questioning a patient regarding alcohol intake, she tells you that she is “only a social drinker.” Which initial response is appropriate?

a.	“I’m glad that you are a responsible drinker.”
b.	“Many people who are really alcoholic say they are social drinkers.”
c.	“What amount and what kind of alcohol do you drink in a week?”
d.	“If you only drink socially, you won’t need to worry about always having a designated driver.”
e.	“Do the other people in your household consume alcohol?”

ANS: C

This answer clarifies the patient’s own term without asking a leading question or being judgmental.

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11. Ms. T. is crying and states that her mother couldn't possibly have a tumor. "No one else in the family has ever had cancer!" exclaims the daughter. The most appropriate response to Ms. T. would be

a.	"Has anyone explained hospice care to your mother?"
b.	"I'm so sorry that your mother was diagnosed with cancer."
c.	"Didn't you know that all tumors are not cancerous?"
d.	"Why do you think that your mother's tumor is cancerous?"
e.	"That is odd because cancer usually runs in families."

ANS: D

This is the only answer that is a direct exploration of the daughter's concern. The health care provider can explain and clarify the concerns of the daughter.

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12. A 50-year-old man comes to the primary care clinic. He tells you he is worried because he has had severe chest pains for the past 2 weeks. Which initial history interview question is most appropriate?

a.	"Can you describe the pain?"
b.	"The pain doesn't radiate to your arm, does it?"
c.	"Have you been treated for anxiety before?"
d.	"Does your father have heart disease?"
e.	"Are the pains worse after you eat?"

ANS: A

Initially, an open-ended question is a more appropriate response. "Can you describe the pain?" is an open-ended question that offers clues to the chief concern.

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13. After you ask a patient about her family history, she says, "Tell me about your family now." Which response is generally most appropriate?

a.	Ignore the patient's comment and continue with the interview.
b.	Give a brief, undetailed answer.

c.	Ask a direct question that refocuses the patient on the chief concern.
d.	Tell the patient that you do not discuss your family with patients.
e.	Ask the patient why she needs to know.

ANS: B

This response will satisfy the patient's curiosity about yourself without invading your private life.

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14. A 36-year-old woman complains that she has had crushing chest pain for the past 2 days. She seems nervous as she speaks to you. An appropriate response is to

a.	continue to collect information regarding the chief concern in an unhurried manner.
b.	finish the interview as rapidly as possible.
c.	ask the patient to take a deep breath and calm down.
d.	ask the patient if she wants to wait until another day to talk to you.
e.	ignore her, because anxiety rarely accompanies physical disorders.

ANS: A

With an anxious, vulnerable patient, it is best to not hurry; a calm demeanor communicates caring to the patient.

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15. Ms. A. states, "My life is just too painful. It isn't worth it." She appears depressed. Which one of the following statements is the most appropriate caregiver response?

a.	"Try to think about the good things in life."
b.	"You shouldn't feel that way; look at all the good things in your life."
c.	"You can't mean what you're saying."
d.	"If you think about it, nothing is worth getting this upset about."
e.	"What in life is causing you such pain?"

ANS: E

Specific yet open-ended questions are best used when the patient has feelings of loss of self-worth and depression. The other responses hurry the patient and offer superficial assurance.

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16. During an interview, tears appear in the patient's eyes, and his voice becomes shaky. *Initially*, you should

a.	ask the patient what he is upset about.
b.	offer a tissue and let him know it is all right to cry.
c.	explain to the patient that you will be able to help him more if he can control his emotions.
d.	keep the interview moving to distract the patient.
e.	ask him if he would like some time alone.

ANS: D

When patients cry, it is best to allow the moment to pass at the patient's pace. If you suspect a need to cry but the patient is suppressing it, give permission.

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17. During an interview, you have the impression that a patient may be considering suicide. Which action is essential?

a.	Immediately begin proceedings for an involuntary commitment.
b.	Ask whether the patient has considered self-harm.
c.	Ask whether the patient would like to visit a psychiatrist.
d.	Record the impression in the patient's chart and refer the patient for hospitalization.
e.	Avoid directly confronting the patient regarding your impression.

ANS: B

If you think the patient may be considering suicide, he or she probably is. Mentioning it gives permission to talk about it.

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18. During a history-taking session, Mr. B. appears to be avoiding certain questions. He keeps looking out the window. What should the caregiver do?

a.	Ask direct questions and insist on a "yes" or "no" answer to each question.
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b.	Continue to ask questions until Mr. B. responds appropriately.
c.	Let the patient know all relevant information should be revealed in one interview.
d.	Stop the interview until the patient is ready to cooperate.
e.	Make a note to pursue sensitive issues later in the interview.

ANS: D

When the patient dissembles, do not push too hard for an answer. Allow the interview to go on and come back to it later. Learning all that you may need to know about a patient may not happen in one interview.

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19. You are collecting a history from an 11-year-old girl. Her mother is sitting next to her in the examination room. When collecting history from older children or adolescents, they should

a.	never be interviewed alone because this may alienate the parent.
b.	be mailed a questionnaire in advance to avoid the need for her to talk.
c.	be given the opportunity to be interviewed without the parent at some point
d.	be allowed to direct the flow of the interview.
e.	be ignored while you address all questions to the parent.

ANS: C

An older child should be given the opportunity to give information directly. This enhances the probability that the child will follow your advice.

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20. Information that is needed during the initial interview of a pregnant woman includes all of the following *except*

a.	the gender that the woman hopes the baby will be.
b.	her past medical history.
c.	her health care practices.
d.	the woman's knowledge about pregnancy.
e.	potential pregnancy risk factors.

ANS: A

The initial interview for the pregnant woman should include information about her past history, assessment of health practices, identification of potential risk factors, and assessment of her knowledge because it affects the pregnancy.

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21. When communicating with older children and teenagers, you should be sensitive to their

a.	parent's needs.
b.	natural urge to communicate.
c.	need for verbal instructions.
d.	typical reluctance to talk.
e.	desire for adult companionship.

ANS: D

Adolescents are usually reluctant to talk; therefore, the provider should clearly communicate a respect for their confidentiality.

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22. When interviewing older adults, the examiner should

a.	speak extremely loudly because most older adults have significant hearing impairment.
b.	provide a written questionnaire in place of an interview.
c.	position himself- or herself face to face with the patient.
d.	ask questions containing double negatives.
e.	dim the lights to decrease anxiety.

ANS: C

The health care provider should position himself- or herself so that the older patient can see his or her face. Shouting distorts vocalizations, dimming the lights impairs vision; a written interview may be necessary if all else fails. The provider's language should be uncomplicated and free from double negatives.

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23. When you suspect that your 81-year-old patient has short-term memory loss because he cannot remember what he had for breakfast, you should

a.	order a neurology consult.
b.	stop all of his medications.
c.	continue to press the patient for appropriate answers.

d.	validate the concern with his family or caregivers.
e.	dismiss the finding as a normal age-related change.

ANS: D

When older adults experience memory loss for recent events, consult other family members to clarify discrepancies or to fill in the gaps.

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24. To what extent should the patient with a physical disability or emotional disorder be involved in providing health history information to the health professional?

a.	All information should be obtained from family members.
b.	All information should be collected from past records while the patient is in another room.
c.	The patient should be involved only when you sense that he or she may feel ignored.
d.	The patient should be fully involved to the limit of his or her ability.
e.	The patient should be present during information collection but should not be addressed directly.

ANS: D

Patients with disabilities may not give an effective history, but they must be respected, and the history must be obtained from them to the greatest extent possible. Family members may help provide a more complete history but not at the exclusion of the patient.

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25. A brief statement of the reason the patient is seeking health care is called the

a.	medical history.
b.	chief concern
c.	assessment.
d.	diagnosis.
e.	review of systems.

ANS: B

The chief concern is a brief statement of the reason the patient is seeking health care.

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26. When taking a history, you should

a.	ask patients to give you any information they can recall about their health.
b.	start the interview with the patient's family history.
c.	use a chronologic and sequential framework.
d.	use a holistic and eclectic structure.
e.	start the interview with the social history.

ANS: C

To give structure to the present problem or chief concern, the provider should proceed in a chronologic and sequential framework. Asking patients to give you any information they can recall about their health and using a holistic and eclectic structure do not provide for structure. Starting the interview with the patient's family history and with the social history are incorrect because gathering data about the chief concern is the initial step.

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27. When questioning the patient regarding his or her sexual history, which question should be asked *initially*?

a.	“Do you have any particular sexual likes or dislikes?”
b.	“Do you have any worries or concerns regarding your sex life?”
c.	“How often do you have intercourse and with whom?”
d.	“Do you have any reason to think you may have been exposed to a sexually transmitted infection?”
e.	“What sexually transmitted diseases have you had in the past?”

ANS: B

When approaching questioning about a sensitive area, it is recommended that the provider first ask open-ended questions that explore the patient's feelings about the issue.

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28. A guideline for history taking is for caregivers to

a.	ask direct questions before open-ended questions so that the data move from simple to complex.
b.	use a previous diagnosis as a chief concern whenever possible.

c.	make notes sparingly so that patients can be observed during the history taking.
d.	write detailed information as stated by patients so their priorities are reflected.
e.	ask for a complete history at once so that data are not forgotten between meetings.

ANS: C

During an interview, you should maintain eye contact with the patients, observing body language and proceeding from open-ended to direct questions.

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29. Mr. D. complains of a headache. During the history, he mentions his use of alcohol and illicit drugs. This information would most likely belong in the

a.	chief concern.
b.	family history.
c.	personal and social history.
d.	review of systems.
e.	past medical history.

ANS: C

Habits are included within the personal and social history.

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30. Direct questioning about intimate partner violence in the home should be

a.	a routine component of history taking with female patients.
b.	avoided for fear of offending the woman's partner.
c.	conducted only in cases in which there is a history of abuse.
d.	used only when the patient is obviously being victimized.
e.	used only when bruises are found on physical examination.

ANS: A

The presence of intimate partner violence should be routinely queried, and the questioning should be direct for all female patients.

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31. Mrs. G. reports an increase in her alcohol intake over the past 5 years. To screen her for problem drinking, you would use the

a.	Miller Analogies Test.
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b.	PACE Assessment Instrument.
c.	CAGE questionnaire.
d.	Glasgow Coma Scale.
e.	HITS questionnaire.

ANS: C

The CAGE questionnaire is a model for approaching a discussion of the use of alcohol.

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32. A tool used to screen adolescents for alcoholism is the

a.	CAGE questionnaire.
b.	CRAFFT.
c.	PACE Assessment Instrument.
d.	HITS questionnaire.
e.	Glasgow Coma Scale.

ANS: B

The CRAFFT tool is used to screen for alcoholism in adolescents.

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33. When you enter the examination room of a 3-year-old girl, you find her sitting on her father's lap. She turns away from you when you greet her. Initially, your best response is to

a.	screen the child for sexual abuse.
b.	ask the child to be seated on the examination table so you can talk to her father.
c.	explain to the child that you will not hurt her and that she will have to trust you.
d.	ask the father to persuade the child to cooperate with you.
e.	leave the child sitting in the father's lap while you talk to the father.

ANS: E

Interaction with children must be modified according to age and in a manner that promotes trust.

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34. Tom is a 16-year-old young man with diabetes who does not follow his diet. He enjoys his dirt bike and seems unconcerned about any consequences of his activities. Which factor is typical of adolescence and pertinent to Tom's health?

a.	Attachment to parents
b.	Tendency to give too much information

c.	Low peer support needs
d.	Propensity for risk taking
e.	High self-esteem

ANS: D

Adolescents tend to experiment with risky behaviors that lead to a high incidence of morbidity and mortality. Adolescents may be reluctant to provide information.

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35. Pain is difficult to assess in older adults because

a.	their histories are usually unreliable.
b.	sharp pain may be felt as a dull ache.
c.	they tend to exaggerate symptoms.
d.	their language skills decline.
e.	drugs act more rapidly with age.

ANS: B

Pain is often an unreliable symptom in older adults because they lose pain perception and experience pain in a different manner from those in other age groups.

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36. A survey of mobility and activities of daily living (ADLs) is part of a(n)

a.	ethnic assessment.
b.	functional assessment.
c.	genetic examination.
d.	social history.
e.	sexual history.

ANS: B

A functional assessment is an assessment of a patient's mobility, upper extremity movement, household management, activities of daily living, and instrumental activities of daily living.

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37. Constitutional symptoms in the ROS refer to:

a.	height, visual acuity, and body mass index.
b.	fever, chills, fatigue, and malaise.
c.	hearing loss, tinnitus, and diplopia.
d.	rashes, skin turgor, and temperature.
e.	joint stiffness, redness, and swelling.

ANS: B

General constitutional symptoms refer to fever, chills, malaise, fatigability, night sweats,

sleep patterns, and weight (average, preferred, present, change).

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38. J.M. has been seen in your clinic for 5 years. She presents today with signs and symptoms of acute sinusitis. The type of history that is warranted is a(n) _____ history.

a.	complete
b.	inventory
c.	problem or focused
d.	interim
e.	family

ANS: C

If the patient is well known or if you have been seeing the patient for the same problem over time, a focused history is appropriate.

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39. Mary Jane has brought in her 16-year-old son, Kyle. She states that he has been sleeping more and doesn't hang around his friends, and recently his girlfriend broke up with him. Your most immediate question is to ask Kyle

a.	“Do you want to see a counselor today?”
b.	“Is your father out of jail yet?”
c.	“Are you taking any illegal drugs?”
d.	“Have you made plans to harm yourself?”
e.	“What sexual practices did you have with your girlfriend?”

ANS: D

If you sense that a patient is contemplating suicide, you should ask about suicidal ideation directly.

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40. Which of the following is considered an IADL but not an ADL?

a.	Paying bills
b.	Toileting
c.	Walking around the house
d.	Dressing oneself
e.	Eating

ANS: A

Paying bills is an instrumental activity of daily living but not an activity of daily living.

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41. A pedigree diagram is drafted for the purpose of obtaining

a.	sexual orientation and history.
b.	growth and developmental status.
c.	genetic and familial health problems.
d.	ethnic and cultural backgrounds.
e.	the past medical history.

ANS: C

Drafting a pedigree diagram, or genogram, is a method to determine consanguinity of health problems.

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