• how long did the symptom last (duration)?
• Was it steady (constant) or did it come and go during that time (intermittent)?
• Did it resolve completely and reappear days or weeks later (cycle of remission and exacerbation)?

5. Setting—where was person or what were they doing when the symptom started? What brings it on?

6. Aggravating or Relieving Factors—what makes pain worse? Is it aggravated by weather, activity, food, medication, standing bent over, fatigue, time of day, or season? What relieves it (rest, medication, ice pack)? Ask what they have tried or what seems to help?

7. Associated Factors—is primary symptom associated with any others (ex. urinary frequency and burning associated w/ fever and chills)

8. Patients Perception—find out the meaning of the symptom by asking how it affects daily activities
  • Organize question sequence into: **PQRSTU**
    • **P** → Provocative or Palliative – what brings it on? What were you doing during onset? What makes it better/worse?
    • **Q** → Quality or Quantity – how does it look, feel, sound? How intense/severe is it?
    • **R** → Region or Radiation – Where is it? Does it spread?
    • **S** → Severity Scale – How bad is it (on scale 1-10)? Getting better, worse, staying the same?
    • **T** → Timing – onset (when did it first occur), duration (how long did it last), and frequency (how often does it occur)
    • **U** → Understand Patient’s Perception of the problem (“what do you think it means?”)

4. Past Health
  • Childhood illnesses
  • Accidents or Injuries
  • Serious or chronic illnesses
  • Hospitalizations
  • Operations
  • Obstetric history
  • Immunizations
  • Last examination date
  • Allergies
  • Current medications

5. Family History
  • Accurate family history can help with prevention (patient may seek early screening and periodic surveillance)
  • Pedigree/genogram—graphic family tree

Review of Systems
  • General overall health state – weight (gain/loss over what period of time), fatigue, weakness or malaise, fever, chills, sweats or night sweats
  • Skin—history of skin disease, pigment or color change, excessive dryness or moisture, excessive bruising, rash, lesion
- **Keloid Scar** → benign excess of scar tissue beyond sites of original injury
  - Looks smooth, rubbery, shiny and “claw-like”, feels smooth and firm
  - Found in ear lobes, back of neck, scalp, chest, and back
  - Ex. surgery, acne, ear piercing, tattoos, infections, burns

- **Lichenification** → prolonged, intense scratching eventually thickens skin and produces tightly packed sets of papules; looks like surface of moss (or lichen)

**SHAPES/CONFIGURATIONS OF LESIONS**

- **Annular** = Circular

- **Confluent** = lesions run together (ex. hives)

- **Discrete** = distinct, individual lesions that remain separate (ex. acne)

- **Gyrate** = twisted, coiled, spirals, snake-like
- **Grouped** = clusters of lesions (ex. vesicles of contact dermatitis)

- **Linear** = scratch, streak, line, or stripe
- **Target** = resembles iris of eye

- **Polycyclic** = annular lesions growing together

- **Zosteriform** = linear arrangement along a unilateral nerve route (ex. shingles, herpes)

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**Inspect & Palpate the HAIR**

**Color** – hair color comes from melanin production (may vary from pale blonde to total black)

**Texture** – scalp hair may be fine or thick and may look straight, curly, or kinky. Should look shiny (may be lost with some beauty products)

- **Abnormal findings:**
  - Note dull, coarse, or brittle scalp hair.
  - Gray, scaly, well-defined areas w/ broken hairs accompany *tinea capitis*, a ringworm infection found mostly in school-age children

**Distribution** – **Abnormal findings:** absent or sparse genital hair suggests endocrine abnormalities. **Hirsutism** = excess body hair (also indicated endocrine abnormalities)

**Lesions** – all areas should be clean + free of lesions or pest inhabitants

**Abnormal findings:** head or public lice

**Abnormal Findings of Hair:**

- **Seborrheic Dermatitis** → (cradle cap) thick, yellow-to-white, greasy, adherent scales with mild erythema on scalp + forehead; very common in early infancy.
Head/Neck surgery? → surgery for head and neck cancer often is disfiguring and increases risk for body image disturbance.

Inspect & Palpate: OBJECTIVE DATA:

- **Inspect & palate skull**
  - Size and shape → **normocephalic** = term that denotes a round symmetric skull that is appropriately related to body size
  - Deformities:
    - **microcephaly** = abnormally small head
    - **macrocephaly** = abnormally large head (hydrocephaly, acromegaly)
  - **Temporal area** → palpate the temporal artery above the zygomatic (cheek) bone b/w the eye and the top of the ear
  - Abnormal findings: the artery looks tortuous, feels hardened, and is tender with **temporal arteritis**.

- **Inspect the face**
  - Symmetry – facial features should always be symmetric (expect symmetry of eyebrows, nasolabial folds, and sides of mouth)
    - Abnormal findings: marked asymmetry w/ central brain lesion (ex. stroke) or peripheral cranial nerve 7 damage (Bells Palsy).
    - Why pay attention to the symmetry of eyebrows/nasolabial folds? Gives you an indication of neurological fxn*

- **Range of motion (ROM)** → note any limitation of movement during active motion.
  - Test muscle strength + status of CN 11 by trying to resist the person’s movements with your hands as the person shrugs the shoulders and turns the head to each side
  - Note enlargement of the salivary + lymph glands
  - Abnormal findings: thyroid enlargement may be a unilateral lump or look like a doughnut lying across the lower neck
  - CN tests → mostly done above the shoulder

- **Lymph nodes** –
  - Normal nodes feel movable, discrete, soft, and non-tender
  - palpation technique*
  - Abnormal findings:
    - Parotid is swollen with mumps
    - Parotid enlargement has been found with AIDS
    - **Lymphadenopathy** = enlargement of the lymph nodes from infection, allergy, or neoplasm.

*LYMPH NODE PALPATION

- Use a gentle circular motion
- **Beginning w/ preauricular lymph nodes** (gentle pressure) in front of the ear, palpate the 10 groups of lymph nodes in a routine order