

A questionnaire as a data base in problem orientated records

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SUMMARY. Questionnaires will be adequately filled in by patients if they are properly motivated and will provide useful information. We have found that when patients come for further consultations, much useful information is readily available from these cards to any doctor. We think that this data helps to establish the basis of a good doctor-patient relationship.

The trainees in the Watford area were concerned about the lack of family and social history contained in patients' records which may have been known by the partners, but was often not committed to paper and, if in the notes, was usually not easily found.

As a pilot study we decided to design a card to overcome some of these problems, and to test the acceptability and benefit of this method on newly registered patients. The project was also planned as a learning situation for trainees.

Method

Three practices were involved in the distribution of cards. The patients filled in the cards in the surgery sometimes with the help of receptionists or took them home. They were invited to return to an appointment with the trainee who confirmed and elaborated the history. At this interview the opportunity was taken of dealing with current problems, checking the blood pressure, haemoglobin, and urine and offering to take cervical smears. The deficits of the questionnaire were assessed at this interview and again when the old records arrived.

Results

Number of cards issued	509
Number of cards returned	274
Number adequately completed	229
Number of patients attending for interview	125
Number of old records available at end of scoring	124
Extra information from interview	19 items
old records	30

The number of cards returned varied between the practices, probably because of the receptionists rather than the practice populations, which in two practices were essentially similar. Those patients that filled in the cards and attended for interview were enthusiastic about their value.

The figures showed that over 50 per cent of cards were returned and most of them adequately. Some extra information, but surprisingly little, was obtained at the interview when the cards were well filled in. Extra information was obtained by interviews and comparisons with old notes from only 49 out of 274 well-completed cards. We did discover from the cards a family with a history of porphyria which needed screening, patients needing cervical smears and rubella immunisation, and a case of diabetes at the interview.

Old records were often of little value. Some were newly reconstructed envelopes, the old notes presumably being lost. The delay in arrival of old records varied from eight weeks upwards. The mean was 12 weeks.

Discussion*Design of the cards*

Much thought was given to this. One of our intentions was to learn how to obtain some social information, without putting off the patient by too intrusive questions.

Our original scheme included an attempt to ascertain the value of structured cards with diseases itemised for the patient to tick off, and unstructured cards with open questions. Unfortunately owing to the administrative problems we reached no statistical result, but there seemed to be no great advantage between either system.

We have now redesigned the cards, having made mistakes about vague questions and poor layout (figures 1, 2, 3, 4). Some information is ideally abstracted on to the problem-orientated card, but page one remains as a useful reminder of the family structure.

Administration

Any study of general practice involves the full co-operation of surgery staff and this was particularly so in this project. Some receptionists were not well motivated and failed to give out the cards at busy times or to encourage and help with their completion. An interview room would be a great asset.

Acceptability and feasibility

A personally-taken history creates rapport and clues of problems may be elaborated. However, most doctors find it impractical to take a full medical, personal and social history from all new patients or even when patients are first seen if the presenting illness is a wart. We feel that questionnaires can fill the gap and it is our experience that some measure of confidence by the patient is established by this interest, so that it is easier to build a relationship when they are seen. It was our aim to design a tool which will help general practitioners and trainees in busy surgeries.

Trainee project

The trainees learnt something about research projects, the problems of practice organisation, and the importance of good records.

Acknowledgements

We are grateful to the Cardew-Stanning Foundation for financial help with printing and secretarial expenses. We would like to thank fellow trainees and trainers, especially Dr Peter Tomson for encouragement and criticism. Finally, without the help of our receptionists, the project would not have been possible.

Have any relations had any of the following:—
 Tuberculosis Diabetes High Blood Pressure
 Heart attack Stroke Asthma Eczema
 Hay Fever Migraine Depression Cancer
 If so, please give details below—

Have you any dependent relatives living with you?

Have you ever been out of Europe?
 Where _____ When _____ Any illness _____

What is your present occupation?

What previous occupations have you had?

What is the occupation of your husband/wife?

Tobacco daily
 Cigars:- Cigarettes:- Pipe (oz):-
 Alcohol
 Never Occasionally Moderately Heavily

Figure 2 Second page. Family history and social habits.

DATA BASE		Date	
Name	Forename	Date	
Date of birth	Religion		
Country of origin	Blood group		
Single	Married	Divorced	Separated
Widowed			
FAMILY HISTORY			
	Alive		If dead
	D of B	Any serious illness	Cause of death / Age at death
Father			
Mother			
Brothers	1		
	2		
	3		
Sisters	1		
	2		
	3		
Spouse			
Children	1		
	2		
	3		
	4		
	5		

Figure 1 Front page—data base

P.T.O.

PAST ILLNESS

What illnesses have you had in the past?

When _____ What _____

What operations have you had?

When _____ What _____

Have you any special handicaps?

Have you any allergies?

What drug _____ What happens _____

Please state what tablets or medicines you take from the doctor or hospital?

Name _____ Regularly _____ Occasionally _____

Please state what tablets or medicines you take from the chemist such as :- laxatives, nerve pills, tonic, headache cures?

Name _____ Regularly _____ Occasionally _____

Figure 3 Third page. Past illnesses and medication.

Have you any medical problems at the moment?

Have you any problems that it might help your doctor to know about your personal life (your childhood, your education, your family or home life or your accommodation?)

When was your last tetanus injection?

WOMEN

Births Dates	Complications of pregnancy	Problems of delivery	Birth weight
1			
2			
3			
4			

Miscarriages

Dates	How many months	Womb scraped?
1		
2		
3		

Have you had german measles?

Have you been immunised against german measles?

When did you last have a cervical smear?

Are you on the Pill? _____ Name _____

Are you fitted with an I.U.C.D. (coil or loop)?

Age when periods stopped?

Figure 4 Back page. Current problems and section for women.