

Chapter 01: The History and Interviewing Process

Test Bank—Nursing

MULTIPLE CHOICE

1. The primary objective of the initial encounter is to:
 - a. define the advice and care for the patient.
 - b. establish the tone of a successful partnership.
 - c. optimize your ability to help.
 - d. tell the patient the limits of care.

ANS: B

The first meeting with the patient sets the tone for a successful partnership. It is to discover the details about patients' concerns, explore expectations for the encounter, display genuine interest, and develop a partnership.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 1

OBJ: Nursing process—assessment

MSC: Safe and Effective Care: Management of Care

2. If language is a barrier, the interpreter should be:
 - a. a family member.
 - b. a language board.
 - c. a professional interpreter
 - d. a staff person.

ANS: C

Someone other than a family member should act as an interpreter to bridge the language difference between a health care provider and the patient. A professional interpreter rather than a family member should be used.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Safe and Effective Care: Management of Care

3. Mary Jane has brought in her 16-year-old son, Kyle. She states that he has been sleeping more and does not 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?"

ANS: D

If you sense that a patient is contemplating suicide, you should ask about suicidal ideation directly. The most important area to address is the potential for suicide. The question "Is your father out of jail yet?" *may* be relevant to the history, but is not an immediate concern.

DIF: Cognitive Level: Analyzing (Analysis)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

4. Ms. Yale is a 52-year-old patient who presents to the office for evaluation. During the interview, you say “Tell me what you do when you have knee pain.” The health care provider is asking information about:
- health promotion.
 - the description and character of the complaint.
 - the location and duration of the complaint.
 - aggravating and relieving factors of the complaint.

ANS: D

The health care provider is asking a symptom-analysis question to obtain more information about the aggravating and alleviating factors of the knee pain. Asking the patient to describe a typical attack of pain would help obtain information about the description and character of the complaint. The question “When did you last feel well?” would help define the time of onset and duration of the complaint. A question about health promotion would be directed toward improving patient health.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 11

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

5. Which question would be considered a “leading question?”
- “What do you think is causing your headaches?”
 - “You don’t get headaches often, do you?”
 - “On a scale of 1 to 10, how would you rate the severity of your headaches?”
 - “At what time of the day are your headaches the most severe?”

ANS: B

Stating to the patient that he or she does not get headaches would limit the information in the patient’s answer. Asking the patient what he or she thinks is causing the headaches is an open-ended question. Asking the patient how he or she would rate the severity of the headaches and asking what time of the day the headaches are the most severe are direct questions.

DIF: Cognitive Level: Applying (Application)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

6. To prevent personal appearance from becoming an obstacle in patient care, the health care professional should:
- wear a uniform.
 - avoid wearing white.
 - avoid extremes in dress.
 - avoid wearing any jewelry.

ANS: C

Sensible personal habits, along with avoidance of extremes in behavior and dress, contribute to establishing a trusting relationship between the care provider and the patient.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 3

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

7. Which action would best promote accurate translation and confidentiality when the caregiver does not speak the patient's language?
- Ask a person unfamiliar with the patient to translate.
 - Have a friend of the patient translate.
 - Involve the family with the translation.
 - Use a neighbor as translator.

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 will be a less biased interpreter. You should ask a person unfamiliar with the patient to translate.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

8. When are open-ended questions generally most useful?
- During the initial part of the interview.
 - After several closed-ended questions have been asked.
 - While designing the genogram.
 - During the review of systems.

ANS: A

Asking open-ended questions at the beginning of an interview allows you to gather more information and establishes you as an empathic listener, which is the first step of effective communication. Interviewing for the purpose of designing a genogram or conducting a review of systems requires more focused data than can be more easily gathered with direct questioning. Asking closed-ended questions may stifle the patient's desire to discuss the history of the illness.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 2

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

9. Behaviors that diffuse anxiety during the interview include:
- avoiding wearing uniforms or laboratory coats.
 - providing forthright answers to questions.
 - providing all necessary information before the patient has to ask for it.
 - completing the interview as quickly as possible.

ANS: B

To relieve anxiety, the health care professional should answer patient questions forthrightly, should avoid an overload of information, and should not hurry the conversation. Uniforms, lab coats, and scrub suits are common in health care. It is impossible to anticipate every question that a patient may ask. Completing the interview as quickly as possible may make the patient feel rushed.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

10. Periods of silence during the interview can serve important purposes, such as:
- allowing the clinician to catch up on documentation.
 - promoting calm.
 - providing time for reflection.
 - increasing the length of the visit.

ANS: C

Silence is a useful tool during interviews for the purposes of reflection, summoning courage, and displaying compassion. This is not a time to document in the chart, but rather to focus on the patient. Periods of silence may cause anxiety rather than promote calm. The length of the visit is less important than getting critical information.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

11. Which technique is most likely to result in the patient's understanding of questions?
- Use phrases that are commonly used by other patients in the area.
 - Use the patient's own terms if possible.
 - Use the simplest language possible.
 - Use proper medical and technical terminology.

ANS: B

To ensure that your questions have been correctly understood, be clear and explicit while using the patient's own terms and level of understanding. Using phrases commonly used by other patients may not help ensure that your questions have been correctly understood by this patient. You should be clear and explicit while using the patient's own terms and level of understanding. Using the simplest language will not help ensure that your questions have been correctly understood. It is important to avoid the use of medical terminology, because the patient may not understand it.

DIF: Cognitive Level: Applying (Application)

REF: p. 2

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

12. Mr. Franklin is speaking with you, the health care provider, about his respiratory problem. Mr. Franklin says, "I've had this cough for 3 days, and it's getting worse." You reply, "Tell me more about your cough." Mr. Franklin 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?
- "After 3 days, you're tired of coughing. Have you had a fever?"
 - "I'd like to hear more about your experiences. Where were you born?"
 - "I don't know what's wrong. You could have almost any disease."
 - "I'll examine you and figure out later what the problem is."

ANS: A

"After 3 days, you're tired of coughing. Have you had a fever?" is the only response aimed at focusing on the chief complaint to gather more data and does not digress from the issue.

DIF: Cognitive Level: Analyzing (Analysis)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

13. Mr. Miller is a 46-year-old patient who 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:
- remember (acknowledge) his anger and proceed with the history and examination.
 - ask another open-ended question and insist on an answer.
 - ask questions about his anger and move closer to him.
 - ignore his displeasure and become more assertive about getting answers.

ANS: A

Acknowledging his anger and proceeding with the history and examination is the only response that resists the tendency for patient manipulation, pursues the information, and confronts the anger.

DIF: Cognitive Level: Applying (Application)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

14. When you are questioning a patient regarding alcohol intake, she tells you that she is “only a social drinker.” Which initial response is appropriate?
- “I’m glad that you are a responsible drinker.”
 - “Do the other people in your household consume alcohol?”
 - “What amount and what kind of alcohol do you drink in a week?”
 - “If you only drink socially, you won’t need to worry about always having a designated driver.”

ANS: C

“What amount and what kind of alcohol do you drink in a week?” clarifies the patient’s own statement without asking a leading question or being judgmental.

DIF: Cognitive Level: Analyzing (Analysis)

REF: p. 8

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

15. 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:
- “Has anyone explained hospice care to your mother?”
 - “I’m so sorry that your mother was diagnosed with cancer.”
 - “That is odd, since cancer usually runs in families.”
 - “Why do you think that your mother’s tumor is cancerous?”

ANS: D

“Why do you think that your mother’s tumor is cancerous?” is the only answer that is a direct exploration of the daughter’s concern. The health care provider can address and clarify the concerns of the daughter.

DIF: Cognitive Level: Analyzing (Analysis)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

16. After you ask a patient about her family history, she says, “Tell me about your family now.” Which response is generally most appropriate?
- Ignore the patient’s comment and continue with the interview.
 - Give a brief, undetailed answer.
 - Ask the patient why she needs to know.
 - Tell the patient that you do not discuss your family with patients.

ANS: B

Giving a brief, undetailed answer will satisfy the patient’s curiosity about yourself without invading your private life. Ignoring the patient’s comment, continuing with the interview, and telling the patient that you do not discuss your family with patients will potentially anger or frustrate her and keep her from sharing openly. Asking the patient why she needs to know will distract from the real reason she is seeking care and instead move the interview conversation away from the topics that should be discussed.

DIF: Cognitive Level: Applying (Application)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

17. 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:
- continue to collect information regarding the chief complaint in an unhurried manner.
 - finish the interview as rapidly as possible.
 - ask the patient to take a deep breath and calm down.
 - ask the patient if she wants to wait until another day to talk to you.

ANS: A

With an anxious, vulnerable patient, it is best to not hurry; a calm demeanor will communicate caring to the patient. If you as the health care provider are hurried, the patient will be more anxious. The best way to assist an anxious patient is to not hurry and remain calm, because this will communicate caring to the patient. Asking the patient if she wants to wait until another day to talk to you delays the needed health care.

DIF: Cognitive Level: Applying (Application)

REF: p. 4

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

18. 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?
- “Try to think about the good things in life.”
 - “What in life is causing you such pain?”
 - “You can’t mean what you’re saying.”
 - “If you think about it, nothing is worth getting this upset about.”

ANS: B

Specific but open-ended questions are best used when the patient has feelings of loss of self-worth and depression. “Try to think about the good things in life,” “You can’t mean what you’re saying,” and “If you think about it, nothing is worth getting this upset about” are statements that will hurry the patient and offer only superficial assurance.

DIF: Cognitive Level: Analyzing (Analysis)

REF: pp. 4-6

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

19. During an interview, tears appear in the patient’s eyes and his voice becomes shaky. *Initially*, you should:
- ask him if he would like some time alone.
 - offer a tissue and let him know it is all right to cry.
 - explain to the patient that you will be able to help him more if he can control his emotions.
 - ask the patient what he is upset about.

ANS: B

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. Asking him if he would like some time to himself will leave the patient alone during a time of sad feelings. Explaining to the patient that you will be able to help him more if he can control his emotions will shut down the patient’s emotions. Asking the patient what he is upset about will not give the patient time to cry and express his emotions.

DIF: Cognitive Level: Applying (Application)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

20. During an interview, you have the impression that a patient may be considering suicide. Which action is essential?
- a. Ask whether the patient has considered self-harm.
 - b. Avoid directly confronting the patient regarding your impression.
 - 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.

ANS: A

If you think the patient may be considering suicide, he or she probably is. Mentioning it gives permission to talk about it. Do not avoid directly confronting the patient regarding your impression. It is important to confront the suicidal thoughts. Asking whether the patient would like to visit a psychiatrist does not allow the patient to talk about the suicidal thoughts before you determine that she or he needs a specialist level of care. Recording the impression in the patient's chart and referring the patient for hospitalization does not collaborate with the patient and does not give him or her permission to talk about the thoughts of self-harm.

DIF: Cognitive Level: Applying (Application)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

21. 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.
 - b. Continue to ask questions until Mr. B responds appropriately.
 - c. Make a note to pursue sensitive issues later in the interview.
 - d. Stop the interview until the patient is ready to cooperate.

ANS: C

When the patient dissembles, do not push too hard for an answer. Allow the interview to go on and come back to the questions he avoided answering later. Yes or no questions will close the interview process. Continue with the interview, making a note to return to questioning about that issue later in the interview. Continuing to ask questions until Mr. B responds appropriately will not allow the patient time to reflect and answer. Stopping the interview until the patient is ready to cooperate will stop the flow of communication.

DIF: Cognitive Level: Applying (Application)

REF: p. 5

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

22. 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 be:
- given the opportunity to be interviewed without the parent at some point during the interview.
 - mailed a questionnaire in advance to avoid the need for them to talk.
 - ignored while you address all questions to the parent.
 - allowed to direct the flow of the interview.

ANS: A

The older child should be given the opportunity to give information directly. This enhances the probability that the child will follow your advice. Mailing a questionnaire in advance to avoid the need for her to talk does not assist the child in learning to respond to answers regarding her health. The parent can help fill in gaps at the end. If she is ignored while you address all questions to the parent, the patient will feel as though she is just being discussed and is not part of the process for the health care. The health care provider should always direct the flow of the interview according to the patient's responses.

DIF: Cognitive Level: Applying (Application)

REF: p. 16

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

23. Information that is needed during the initial interview of a pregnant woman includes all the following *except*:
- the gender that the woman hopes the baby will be.
 - past medical history.
 - health care practices.
 - the woman's remembering (knowledge) about pregnancy.

ANS: A

The initial interview for the pregnant woman should include information about her past medical history, assessment of health practices, identification of potential risk factors, and assessment of remembering (knowledge) as it affects the pregnancy. The gender of the fetus is not as important as the information about her past medical history, health care practices, and the woman's remembering (knowledge) about her pregnancy.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 17

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

24. When communicating with older children and teenagers, you should be sensitive to their:
- desire for adult companionship.
 - natural urge to communicate.
 - need for verbal instructions.
 - typical reluctance to talk.

ANS: D

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

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 16

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

25. When interviewing older adults, the examiner should:
- speak extremely loudly, because most older adults have significant hearing impairment.
 - provide a written questionnaire in place of an interview.
 - position himself or herself facing the patient.
 - 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 speech, dimming the lights impairs vision, and a written interview may be necessary if all else fails.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 18

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

26. 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:
- order a neurology consult.
 - stop all of his medications.
 - validate the concern with his family or caregivers.
 - dismiss the finding as a normal age-related change.

ANS: C

When older adults experience memory loss for recent events, consult other family members to clarify discrepancies or to fill in the gaps. You may want to consult neurology later, but to assess the memory loss, you need validation of the patient's responses. Stopping medications will not identify the short-term memory loss. Short-term memory loss is not an age-related change.

DIF: Cognitive Level: Applying (Application)

REF: p. 19

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

27. To what extent should the patient with a physical disability or emotional disorder be involved in providing health history information to the health professional?
- The patient should be present during information collection but should not be addressed directly.
 - All information should be collected from past records and family members while the patient is in another room.
 - The patient should be involved only when you sense that he or she may feel ignored.
 - The patient should be fully involved to the limit of his or her ability.

ANS: D

Patients who are disabled may not give an effective history, but they must be respected, and the history must be obtained from them to the greatest extent possible. Patients should be addressed directly and participate in the interview to the extent of their ability.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 20

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

28. A brief statement of the reason the patient is seeking health care is called the:
- medical history.
 - chief complaint.
 - assessment.
 - diagnosis.

ANS: B

The chief complaint is a brief statement of why the patient is seeking health care. The medical history, assessment, and diagnosis are not the reasons that the patient is seeking health care.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 10

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

29. A pedigree diagram is drafted for the purpose of obtaining:
- sexual orientation and history.
 - growth and developmental status.
 - genetic and familial health problems.
 - ethnic and cultural backgrounds.

ANS: C

A pedigree diagram, or genogram, shows consanguinity of health problems. Sexual orientation and history are noted in the review of systems (ROS). Growth and development are plotted on a percentile chart. Ethnic and cultural backgrounds are noted in the family history.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 12

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

30. When taking a history, you should:
- ask the patient to give you any information they can recall about their health.
 - start the interview with the patient's family history.
 - use a chronologic and sequential framework.
 - use a holistic and eclectic structure.

ANS: C

To give structure to the present problem or chief complaint, 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 structure to the history. Gathering the patient's family history is only the first step.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 11

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

31. When questioning the patient regarding his or her sexual history, which question should be asked *initially*?
- “Do you have any particular sexual likes or dislikes?”
 - “Do you have any worries or concerns regarding your sex life?”
 - “How often do you have intercourse and with whom?”
 - “Do you have any reason to think you may have been exposed to a sexually transmitted infection?”

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. “Do you have any particular sexual likes or dislikes?” is not a question that should be asked in an interview regarding sexual history. “How often do you have intercourse and with whom?” and “Do you have any reason to think you may have been exposed to a sexually transmitted infection?” are not questions that should be asked *initially* in an interview regarding the patient’s sexual history.

DIF: Cognitive Level: Applying (Application)

REF: p. 10

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

32. A guideline for history taking is for caregivers to:
- ask direct questions before open-ended questions so that data move from simple to complex.
 - ask for a complete history at once so that data are not forgotten between meetings.
 - make notes sparingly so that the patient can be observed during the history taking.
 - write detailed information as stated by patients so that their priorities are reflected.

ANS: C

During the interview, you should maintain eye contact with the patient, observing body language and proceeding from open-ended to direct questions. Asking direct questions first may upset the patient. During the interview you should gather as much information as you need for the current reason the patient is seeking health care. It is important to focus on the patient. Brief notes can be charted, but you should maintain eye contact with the patient, observing body language and proceeding from open-ended to direct questions.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 3

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

33. 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:
- chief complaint.
 - past medical history.
 - personal and social history.
 - review of systems.

ANS: C

Habits are included within the personal and social history. The chief complaint is the reason the patient is seeking health care. The past medical history is made up of the previous medical conditions that the patient has had. The review of systems is an overview of problems with other body systems.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 12

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

34. Direct questioning about domestic violence in the home should be:
- a routine component of history taking with female patients.
 - avoided for fear of offending the woman's partner.
 - conducted only in cases in which there is a history of abuse.
 - used only when the patient is obviously being victimized.

ANS: A

The presence of domestic violence should be routinely queried, and the questioning should be direct for all female patients. Direct questioning about domestic violence in the home should not be avoided for fear of offending the woman's partner, should be part of a routine examination, and should not be used only when the patient is obviously being victimized.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 9

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

35. Mrs. G reports an increase in her alcohol intake over the past 5 years. To screen her for problem drinking, you would use the:
- CAGE questionnaire.
 - PACES assessment.
 - Miller Analogies Test.
 - Glasgow Coma Scale.

ANS: A

The CAGE questionnaire is a model for approaching a discussion of the use of alcohol. PACES is used to screen adolescents for important issues in their life. The Miller Analogies Test is used to test cognitive functioning. The Glasgow Coma Scale is a neurology assessment.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 8

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

36. A tool used to screen adolescents for alcoholism is the:
- CAGE.
 - CRAFFT.
 - PACES.
 - HITS.

ANS: B

The CRAFFT tool is used to screen for alcoholism in adolescents. The CAGE test is used to screen for alcoholism in adults. PACES is used to screen adolescents for important issues in their life. HITS is the screen for domestic violence.

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 8

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

37. 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:
- leave the child sitting in the father's lap while you talk to the father.
 - ask the child to be seated on the examination table so that you can talk to her father.
 - explain to the child that you will not hurt her and that she will have to trust you.
 - ask the father to persuade the child to cooperate with you.

ANS: A

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

DIF: Cognitive Level: Applying (Application)

REF: p. 14

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

38. Tom is a 16-year-old diabetic 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?
- Attachment to parents
 - High self-esteem
 - Low peer support needs
 - Propensity for risk taking

ANS: D

Adolescents tend to experiment with risky behaviors that can lead to a high incidence of morbidity and mortality.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 16

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

39. Pain is difficult to assess in older adults because:

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

ANS: D

Pain is often an unreliable symptom in older adults because they lose pain perception and experience pain in a different manner than those of other age groups. Older adults tend to think pain in aging is normal.

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 19

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

40. Mr. Mills is a 55-year-old patient who presents to the office for an initial visit for health promotion. 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.

ANS: B

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

DIF: Cognitive Level: Remembering (Knowledge)

REF: p. 19

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

41. Constitutional symptoms in the ROS refer to:

- a. height, weight, and body mass index.
- b. fever, chills, fatigue, and malaise.
- c. hearing loss, tinnitus, and diplopia.
- d. rashes, skin turgor, and temperature.

ANS: B

General constitutional symptoms refer to fever, chills, malaise, fatigability, night sweats, sleep patterns, and weight (average, preferred, present, change).

DIF: Cognitive Level: Understanding (Comprehension)

REF: p. 13

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

42. JM 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.
- complete
 - inventory
 - problem or focused
 - interim

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. A complete history is only obtained during initial visits or during a complete history and physical examination (H&P). An inventory is related to but does not replace the complete history. It touches on the major points without going into detail. This is useful when the entire history taking will be completed in more than one session. An interim history is only obtained during a return of the patient after several months of absence.

DIF: Cognitive Level: Applying (Application)

REF: p. 20

OBJ: Nursing process—assessment

MSC: Physiologic Integrity: Physiologic Adaptation

MULTIPLE RESPONSE

1. Which of the following are connection types of communication? (*Select all that apply.*)
- Poor self image
 - Good eye contact
 - Avoiding being judgmental
 - Ensuring good lighting
 - Respecting silence
 - Ensure confidentiality

ANS: B, C, E

Poor self-image, ensuring good lighting, and ensuring confidentiality are not connection types of communications; good eye contact, avoiding being judgmental, and respecting silence are connections to communication.

DIF: Cognitive Level: Applying (Application)

REF: p. 3

OBJ: Nursing process—assessment

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