

SAMPLE SURVEY

Symptoms

1.	Can you describe to me how you are feeling?
2.	What is your main concern/ chief complaint? (see OPOST)

Allergies

3.	Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, go to next question. If no, go to question 8)</i>
4.	What are you allergic to?
5.	How severe was your last reaction?
6.	When was your last reaction?
7.	Do you take any medication for your allergies? If so, where is it?

Medications

8.	Are you on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, go to next question. If no, go to question 13)</i>
9.	What medications are you on?
10.	What is the medication for?
11.	What happens if you don't take it or take too much?
12.	When was the last time that you took your medication?
13.	If so, what have you taken? How much? When?
14.	Do you have any other medications, alcohol or other drugs on board now?

Pertinent Medical History

15.	Do you have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, go to next question. If no, go to question 19)</i>
16.	If so, what is it/ are they?
17.	Have you felt like this before/ Has this happened before?
18.	How have you been feeling recently?

Last Ins and Outs

19.	When was the last time you ate? What did you eat?
20.	What have you eaten over the last 24 hours?
21.	What and how much have you drunk over the last 24 hours?
22.	When was the last time that you went to the toilet?
23.	What did you do?
24.	Is that normal for you?
25.	Have you had diarrhoea or vomited in the last 24 hours?

Event History

26.	Can you tell me what you were doing leading up to the incident?
27.	How were you feeling before the incident?
28.	Is there anything else that I should to know?

Finally:

Is there anything else that you think might be relevant that I should know?

Rating and Qualifying Pain (Chief Complaint) - using OPQRST

O nset	Did the pain/ your problem start suddenly or was it gradual?
P alliates/ P rovokes	Is there anything (like a physical position) that makes the pain less or worse?
Q uality	How would you describe the pain? (eg. Sharp? Dull? Throbbing? Aching?)
R eferral/ R egion/ R adiating	Is the pain just in one place or is it going anywhere?
S everity	How bad is the pain? On a scale of 1 – 10, how would you rate your pain?
T ime	How long have you been feeling like this?