Psychiatric History Taking

1.Patient's personal data

Name:……	Marital status:…..	Occupation:……..
Age:…….	Income:….	Religion:…….
Gender:…..	Education:….	Nationality:……..
Adders:….	Date of admission:….	Source of referral:…..

2. Chief Complain and duration: (Plz. *avoid medical terminology)*.

Document this in the patient's own words:

- Document how long the patient has had the problem, e.g. **feeling sad for the last few months**.
- Use open-ended questions to elicit these e.g. '**Can you tell me about the problems that brought you here**?'
- Let the patient speak uninterrupted for the first few minutes before continuing questioning.

3. History of present illness: *(Use simple terms and try to avoid technical scientific terms)*.

This includes the present problem in **chronological way**, onset, duration, causation or **precipitating factors** (**life events or change**, **stressors**, **conflicts**, **incompliance to medications**), severity of symptoms, and progress (e.g. deterioration of functions) associated with, full analysis symptoms, vegetative symptoms, aggravated factors and reliving factors.

- When did the problem start?
- Has it changed over time? If so how?
- Were there any **precipitating events**, e.g. bereavement, divorce?
- Any other **psychological symptoms**, e.g. anxiety, guilt, suicidal ideation?
- Any **physical symptoms**, e.g. disturbance of sleep or appetite, diurnal mood variation?
- **Any psychological/drug treatments** for the current problem? If so, did they help?

- Screen for any other problems. All patients should be **asked about suicidal ideation**, **depression**, **obsession behavior** and **psychosis**.
- Any **biological symptoms**, e.g. **sleep** (**initial insomnia**, middle insomnia, early morning waking), **appetite** (up or down), diurnal variation in mood, energy, libido, concentration, tearfulness?

4. History of previous illness:

- Past Psychiatric history: Include **any similar or other psychiatric problems** in the **past**?

Previous admission, visit to psychiatrist and **faith healer**, when the problems occurred, for how long they lasted and what is the treatments **(Drugs, ECT and psychotherapy)** received.

- **Physical and surgical history:** Include: illness, operations, accidents and treatment.

5. Family history:

Parents and Siblings:

Include: **age, list of jobs, and level of education any psychiatric disorders /other health problems**, and, **socioeconomic status, relationship with the patient**, **divorce**. **If dead** time, place and cause of death.

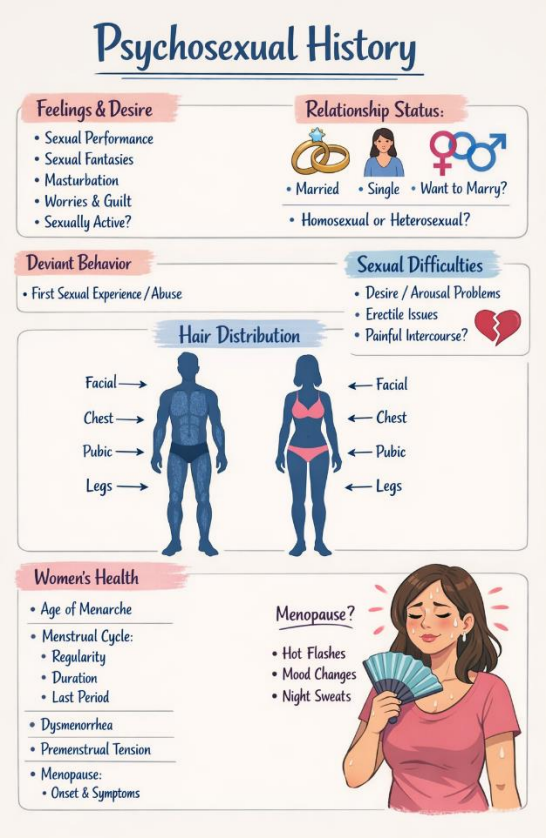
6. Personal life history:

- **Birth and infancy: Include: pregnancy complications**, delivery (normal labor, difficulties and operation) and health status.
- Childhood**: family and home atmosphere**, developmental milestones**; delay in particular steps such as crawling, standing, walking talking**, **bowel and bladder control**. Behavior problems (**Neurotic symptoms; bed wetting, cry, temper tantrum, hyperactivity, appetite, nail biting, finger sucking, sleep disturbance, fear, mannerism and tics**). Social/** family relationships **playing (alone, aloof) hostility, avoidant, dependable**.

School & Education: Age to start and finish school**, regular or leaving of schooling**, (**school phobia, truancy or school refusal**), succeed or fallen, **working during school**, **relationship among teachers and peers and achievements and ambitions.**

Adolescence and adulthood: Include personality traits social/ family life (isolation and peer group relationships), **Behavior problems**, **difficulties and crises**, **fantasies** and **substance abuse**.

Occupational history: Include age of starting to work, list of jobs (current and previous job) and **duration**, **regularity reasons for leaving and any periods of unemployment**, relationships, **job satisfaction**, aspirations and economic status.



Psychosexual history: Feelings performance, desire, deviant behavior, fantasy, masturbation, worries, guilt, married, **if single like to marriage**, are they sexually active, any **sexual difficulties**, first sexual experience /**abuse**; **homosexual** or **heterosexual** (NB: **It is not appropriate to elicit disclosure of sexual abuse, but it may be volunteered by the patient**), Hair distributions.

For women age of menarche and cycle (regularity, duration, last period), dysmenorrheal, premenstrual tension, **menopause** (time, symptoms)

……..

Marital history:

Partner; **name, age and age of marriage**, job, **income**, personality and health status. Sex; orgasm, frigidity, and **impotence satisfaction &relationship**, **abortion** and contraception, **extramarital relationship**.

Children; list in chronological order, the name, sex, education, job, health, personality and relationships.

Habits/dependencies: **alcohol, tobacco and illegal drugs**; record amount, e.g. units of alcohol per week**; current and previous use**; patterns of use; symptoms/ signs of **dependency and withdrawal**; **associated problems, e.g. problems at work. Religious practices;** Hobbies, interests.

Forensic history: illegal acts, courts and prison, record all offences whether convicted or not (especially note **violent crimes**, **sexual crimes**, sentenced, and **persistent offending**).

Present social situation: living standard, income, social environment, **who else is at home**; **social support – friends, relatives, social services.**

Daily activity; daily activity life (eating, bathing, dressing, sleeping, ambitions, interest and leisure activities, etc.)

7. Premorbid Personality:

Purpose: Why Assess Premorbid Personality?

- **Establishes a Baseline:** To understand how much the current illness (e.g., depression, mania, psychosis) has changed the person.
- **Guides Prognosis & Treatment:** Some personality styles cope with illness or engage with treatment better than others.
- **Informs Diagnosis:** Certain personality traits can be risk factors for, or color the presentation of, mental disorders.

1. The Opening Question

"How would you describe yourself when you were well?"

- This is a **gold-standard question**. It immediately focuses the patient on their stable, long-term self, not their current distressed state.

2. Key Assessment Areas

A. Mood & Temperament (The Emotional Baseline)

- **What it is:** The person's habitual emotional "weather" – their default emotional state and reactivity.
- **Spectrum:** `Cheerful ↔ Despondent | Tense/Anxious ↔ Calm/Relaxed | Optimistic ↔ Pessimistic | Stable ↔ Unstable (Labile).`
- **Clinical Relevance:** A chronically anxious person developing depression will look different from a chronically cheerful person who becomes depressed.

B. Character & Interpersonal Traits (How They Navigate the World)

- **What it is:** Enduring patterns in thinking, behavior, and relating to others.
- **Key Spectrums:**
  - **Agency:** `Decisive ↔ Hesitant | Self-Confident ↔ Shy/Timid.`
  - **Social Tolerance:** `Tolerant/Forgiving ↔ Intolerant/Critical | Trusting ↔ Suspicious | Irritable ↔ Easy-Going.`
  - **Expression & Flexibility:** `Restrained/Controlled ↔ Expressive/Impulsive | Flexible/Adaptable ↔ Rigid/Inflexible.`

C. Self-View & Moral Framework (Inner Compass)

- **What it is:** How the person judges themselves and their guiding principles.

- **Key Aspects:**
  - **Self-Attitude:** `Self-Critical/Perfectionist ↔ Self-Accepting | Egocentric/Selfish ↔ Altruistic/Giving.`
  - **Moral Style:** `Religious/Spiritual ↔ Secular | Rule-Conscious/Rigid ↔ Rebellious/Non-Conformist.`

D. Drive & Energy (The Motivational Engine)

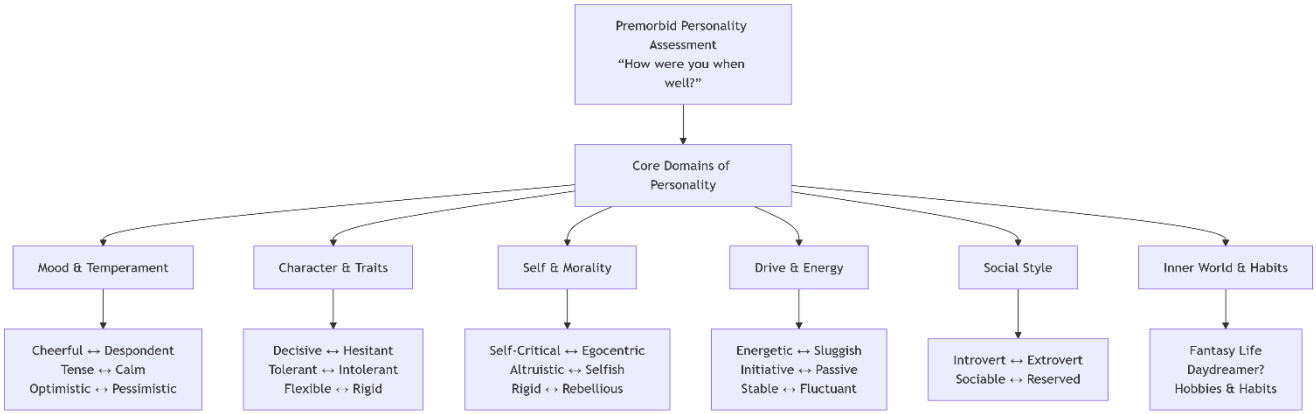
- **What it is:** The person's typical level of initiative, productivity, and consistency.
- **Spectrum:** `Energetic/Active ↔ Sluggish/Passive | Takes Initiative ↔ Waits for Direction | Consistent/Sustained ↔ Fluctuant/Spasmodic.`

E. Social Style (The Relational Blueprint)

- **What it is:** Where the person draws their energy from and their preferred social intensity.
- **Spectrum:** `Extrovert (Energized by people) ↔ Introvert (Energized by solitude).`
- **Note:** This is about preference, not pathology. An introverted person is not "antisocial."

F. Inner World & Habits (The Private Self)

- **What it is:** The richness of internal life and structured use of free time.
- **Key Questions:**
  - **Fantasy Life:** "Are you a daydreamer?" (Indicates creativity, introspection, or potential escapism).
  - **Habits & Hobbies:** What did they *do* for enjoyment? (Provides concrete anchors for assessing loss of interest/function).



8. Mental state examinations:

General appearance: Dress is it appropriate to weather, sex, tidy, grooming, clean, smell, combed hair and cut nails. Observe the cloths self-care: e.g. bright colors and make-up may be seen in mania, self-neglect in depression,

Facial expression; does he/she looks alert, drowsy, apathetic, happy, anxious, tearfulness, eye contact …etc.

Behavior; Behavior during the interview: restlessness, irritability, appropriateness, distractibility. Setting (relaxed, shift), posture and movement coordination (normal gait, slow, or unstable gait), abnormal movement such as tics, tremor, stereotypes, mannerism, retarded**,** irritable, destructive and aggressive.

Attitude toward examiner; Friendly, cooperative, hostile, defensive, seductive, evasive, withdrawn, frank, stubborn, hostile, bewildered, perplexed or fearful and shame…etc.

Speech:

-**Rate (speed):** amount, fast, slow, mute, retarded, or pressure to speech, uninterruptible.

-**Pitch** of sound (Tone): normal, flattened or excessive intonation, soft, angry,

-**Volume**: whisper, quiet, loud

-**Content**: excessive punning, clang association, monosyllabic, spontaneous or only in answer to questions. Relevant or irrelevant, coherent or incoherent, circumstantiality, tangentially, perseveration, ward salad, clang association, like animal sound, echolalia, neologism. Dysarthria.

Mood and Affect:

Mood: Observe the patients' mood during the interview and also ask how they are feeling:

(Patients describe for you); Overall emotional state (happy, elated, sad, depressed, irritable fearful, anxious, angry, ambivalent.

Affect: objectively (your impression); current emotional state (appropriate/inappropriate) (full, restricted, flat, inappropriate, suicidal/ homicidal, apathy, euphoric, constricted, bizarre, labile, blunted and unstable, anxious, depressed, elated.

Thought and Thought disorder

1.form of thought; flight of idea, poverty of speech, loosening associations (circumstantial) perseverance, evasiveness (e.g. speech incoherence or irrelevant,

verbigeration, neologism, tangentiality, slow or fast thinking, jumping or blocking, distractable).

2. content of thought; preoccupations /overvalued ideas (these are strongly held and dominate and are not always illogical or culturally inappropriate) obsessions compulsions, ruminations, phobia, rituals, delusions, depersonalization, suicidal attempts, negative views of self, the world and the future.

Delusions: A delusion is a false belief, unshakeable idea.

Types of delusion:

Grandiose – believe they have a special ability or mission.

Poverty – believe they have been rendered penniless.

Guilt – believe they have committed a crime and deserve punishment.

Nihilistic – believe they are worthless or non-existent.

Hypochondriacal delusion – believe they have a physical illness.

Persecutory – (paranoid) believe that people are conspiring against them.

Reference – believe they are being referred to by magazines/television.

Jealousy – believe their partner is being unfaithful despite lack of evidence.

Amorous – believe another person is in love with them.

Perceptions- misperceptions:

1. Illusion; misinterpretation with stimulus.

2. Hallucinations; misinterpretation without stimulus.

(1) Auditory: second-person voices directly addressing the patient (e.g. 'you are useless')

Third-person – two or more voices discussing the patient (e.g. 'he's very powerful')
Ask about timing, triggers, number of voices, first or second person – e.g. the voice may be saying 'I am useless', 'you are useless' or 'he is useless'. Do they recognize the voice?

(2) Visual

(3) Olfactory: usually an unpleasant smell

(4) Gustatory: commonly a feeling that something tastes differently and this is interpreted as being the result of poisoning.

(5) Tactile (Somatic sensations): e.g. sensation of insects under skin or movement of joints.

Cognitive function:

1. Attention and concentration; (e.g. days of week backward).

2. Orientation; (time, place and person)

3. Memory; (immediate, recent, experience and remote)

4. Judgment; (e.g. excessive money or fire exposure).

5. Intelligence functioning: (e.g. mathematics).

6. General knowledge: (e.g. president of Iraq or Kurdistan).
7. Abstract thinking: (e.g. proverb testing)

Insight:

Insight is the degree of awareness and understanding that the patient has regarding his illness.

Ask the patient's attitude toward his present state;

Whether there is an illness or not; if yes, which kind of illness (physical, psychiatric or both); is any treatment needed; is there hope for recovery; what is the cause of illness.

Remembered by the acronym **ASEPTIC**:

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MENTAL STATE EXAMINATION (MSE) - The Structured Lens
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┌──────────────────────────────────────────────────────┐
│  A - Appearance & Behavior                           │
│  (Your combined categories: Dress, grooming,         │
│   facial expression, behavior, attitude)             │
├──────────────────────────────────────────────────────┤
│  S - Speech                                          │
│  (Rate, tone, volume, quantity -          )          │
├──────────────────────────────────────────────────────┤
│  E - Emotion (Mood & Affect)                         │
│  (Patient's reported mood vs. observed expression)   │
├──────────────────────────────────────────────────────┤
│  P - Perception                                      │
│  (Hallucinations - auditory, visual, etc.)           │
├──────────────────────────────────────────────────────┤
│  T - Thought                                         │
│  (Process: logical? speed. Content: obsessions?)     │
├──────────────────────────────────────────────────────┤
│  I - Insight & Judgement                             │
│  (Understanding of illness & decision-making)        │
├──────────────────────────────────────────────────────┤
│  C - Cognition                                       │
│  (Orientation, memory, concentration)                │
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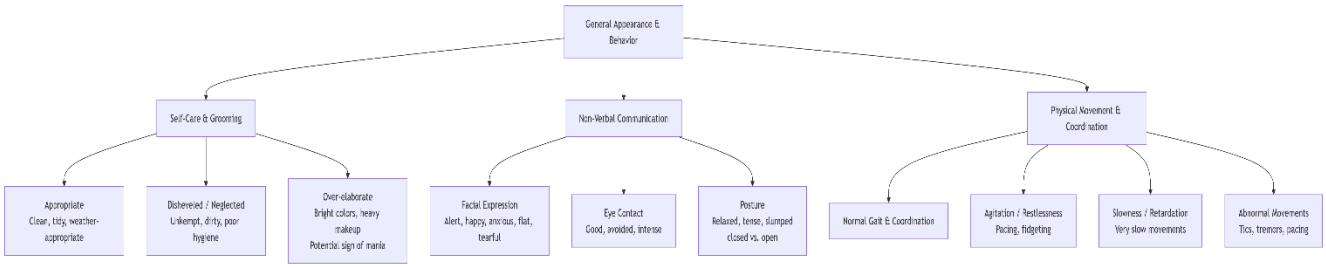

Reference:

Niraj Ahuja (2011) A Short Textbook of Psychiatry. 7th Edition. Published by Jitendar P Vij. UK.