



# CASE HISTORY

## THINK

If you listen carefully to what a person tells you about their eye problem, and ask the right questions, you can obtain important information that can be useful in diagnosing their problem.

Using good communication skills can help to make the patient feel comfortable with you and your diagnosis and treatment plan.

## AIM

This unit will teach you how to ask a person questions about their eyes to find out what sort of problems they are having.

## LEARNING OUTCOMES

When you have worked through this unit you should be able to:

- explain what a case history is and why it is important
- use good communication skills when talking to people who come to see you for an eye exam
- describe the things you need to ask about a person's eyes and their vision
- describe the things you need to ask about a person's general health and lifestyle.

## UNDERSTAND THE PROBLEM

To find out whether a person has an eye or vision problem, there are three steps to follow:

- Ask the person about how their eyes feel and what their vision is like (symptoms)
- Look carefully at their eyes (signs)
- Measure how well the person can see and how healthy their eyes are (eye examination).

## CASE HISTORY

Taking a case history is the first step that you take when you examine a person's eyes. It helps you to understand the person's problems and concerns.

The case history is a very important part of any eye examination, because it can help you to decide:

- the problem that the person is having with their eyes or vision
- whether the eye problem is getting better or worse (or staying the same)
- the tests that you will need to do
- if you are able to treat the person, or if the person needs a referral
- what type of eye health education a person (and their community) might need to prevent further eye problems.



**Often a good case history is more helpful in diagnosing a person's eye problem than the results of the actual eye examination.**

## CASE HISTORY (cont.)

<b>COMMUNICATING</b>	<p>Communication skills are important when taking a case history. You need to listen to the person and ask the right questions so that you can get the information that you need.</p> <p>Your manner and attitude when you take a case history will show the person that you care about them and that they can trust you.</p> <p>This is a good opportunity to build a good relationship with the person.</p> <p>When a person arrives to have their eyes examined:</p> <ul style="list-style-type: none"> <li>• Greet the person and introduce yourself; be friendly and polite.</li> <li>• Show the person where to sit.</li> <li>• Use good body language: turn your body to face the person, look at the person when you are speaking to each other, smile.</li> <li>• Listen carefully to the person.</li> <li>• Use words that the person understands; if the person does not understand you, repeat the question using different words.</li> <li>• Give the person time to think about their answer to your questions.</li> <li>• Be sensitive to the person's concerns – the person might be nervous or embarrassed about what they are telling you; try to give the person privacy if they need it.</li> <li>• Ask questions in a logical and organised way.</li> <li>• Ask follow-up (additional) questions, if you need more information about a person's answer.</li> <li>• Avoid questions that will only give you a "yes" or "no" answer.</li> </ul> <p>The type of questions that you ask will affect the type of answers that you get.</p>
<b>OPEN QUESTIONS</b>	<p>Open questions require a longer answer. The person will need to think about the question, and describe what they think or how they feel.</p> <p>Open questions usually begin with: "what...", "how...", "why...", or "describe..."</p> <p><b>Examples:</b> "Why do you want your eyes checked today?"          "How did you hurt your eye?"          "Describe your headaches"          "What work do you do?"</p>
<b>CLOSED QUESTIONS</b>	<p>Closed questions only need a short answer. These questions are quick and easy for the person to answer, but you might miss important information.</p> <p><b>Examples:</b> "Do you get headaches?"          "Did your problem start today?"          "Do you have glasses?"</p>
<b>LEADING QUESTIONS</b>	<p>Leading questions can make a person feel like they need to tell you what they think you want to hear. You should avoid leading questions because they can give you false information.</p> <p><b>Example:</b> "Did you come to see me because you can't see well?"</p> <p>The person might be nervous (or they might think that it is polite to agree with you), and say "yes" – even if their vision is not their main problem. This person's main problem might be that their eyes feel dry and uncomfortable, but you did not give them the chance to say this.</p> <p>If you thought that this person's main problem was their vision you might give them spectacles – but you would not be helping them with their real problem.</p> <p>The person might go home without having a solution to their dry eye problem</p>

## TAKING A CASE HISTORY

### TAKING A CASE HISTORY

To obtain a full case history you must ask the person about their eyes, vision and general health.

A good case history includes descriptions of:

- Chief complaint and other symptoms
- Visual problems at distance and near
- Eye history
- Visual needs
- Family eye and health problems
- General health, medical history (including medications), and allergies.



#### Chemical Burns:

There is one situation where you do not take a full case history as the first step of the eye examination – and that is when a person comes to you and tells you that they have had a chemical in their eye. In this case it is very important to irrigate (wash) the eye immediately before you do anything else.

You should irrigate the eye for 20 to 30 minutes by pouring cold saline or sterile (clean) water into the eye continuously.

When you have finished irrigating the eye (after 20 to 30 minutes), you can then ask some more history questions, and refer the patient to the appropriate eye specialist.

### CHIEF COMPLAINT AND OTHER SYMPTOMS

When a person comes to you for an eye examination they will usually tell you why they have come. The person's symptoms are the problems that they tell you about.

The chief complaint is the main reason that the person comes to you for an eye examination. It is the symptom that worries the person most.

Usually you can find the chief complaint by asking:


"Why have you come to see me?" or "Why would you like to have your eyes checked?"



The chief complaint is the main symptom you must concentrate on during the eye examination.

You must discuss the chief complaint with the person at the end of the examination, and tell them what you plan to do to help them (treatment or referral).

## TAKING A CASE HISTORY (cont.)

<b>ASKING FOR DETAILS</b>	<p>After a person tells you about their symptoms, you often need more information about them. You can ask the questions in this list for every eye problem that a person tells you about:</p> <ul style="list-style-type: none"> <li>• <b>Sensation:</b> How do the eyes feel? e.g. itchy, watery, light sensitive, gritty, painful → If there is pain, what is it like? e.g. dull, sharp, throbbing (with heartbeat).</li> <li>• <b>Appearance:</b> Do the eyes look different? e.g. redness, pus, swelling.</li> <li>• <b>Location:</b> Which eye has the problem? Where does it hurt?</li> <li>• <b>Severity:</b> How bad is the problem?</li> <li>• <b>Onset:</b> When did the problem start? Did it happen gradually (slowly) or suddenly?</li> <li>• <b>Frequency:</b> How often does the problem occur?</li> <li>• <b>Duration:</b> When you have these symptoms, how long do they last? – or are the symptoms constant (all the time)?</li> <li>• <b>Associated Symptoms:</b> What else do you notice when you have this problem?</li> <li>• <b>Relief:</b> Have you received treatment for this problem before? Did this treatment work?</li> <li>• <b>Vision:</b> Has your vision changed? At what distance is your vision blurry? Does anything help you to see better?</li> <li>• <b>Other people:</b> Do you know anyone else in the family who has the same problem? e.g. some eye problems are hereditary (run in families), and some eye problems are contagious (they can be given to other people).</li> </ul>
<b>VISION</b>	<ul style="list-style-type: none"> <li>• Is your vision blurry for distance or near? <ul style="list-style-type: none"> <li>- Is it hard to see things that are far away?</li> <li>- Is it hard to see things that are close to you?</li> </ul> </li> <li>• Do you ever get eye strain? Do your eyes ever feel tired? → Symptoms of eye strain (asthenopia) include: watery eyes, sore eyes, tired eyes, or eyelids that twitch (the person might tell you that they can feel their eyelids moving even though nobody else can see this twitching).</li> <li>• How is your vision at night?</li> <li>• Do you have problems with glare (bright light)?</li> <li>• Do you ever see floating spots or flashing lights in your vision?</li> </ul> <div data-bbox="406 1440 545 1563">  </div> <div data-bbox="619 1440 1517 2016"> <p><b>FLASHES AND FLOATERS:</b></p> <p>If a person tells you that they are seeing irregular lights or moving spots in their vision, this might be an ocular emergency.</p> <p>Flashes and floaters can be caused by a retinal detachment (when the retina separates from the back of the eye). If someone has a retinal detachment they can go blind unless they see a retinal specialist within 24 hours.</p> <p>Visual flashes can also be caused by migraine headaches, but these flashes usually only last for 20 minutes.</p> <p>Floaters can also be caused by many other things. Some people have floaters for many years. If someone tells you that they have seen a floater in their vision for a long time (and it has not changed in size and they are not noticing it more often) it is probably not a problem. New floaters, or floaters that have changed, are more concerning.</p> <p>Flashes of light and/or changing floaters can be extremely serious. A person who has these symptoms must urgently be referred to an ophthalmologist.</p> </div>

## TAKING A CASE HISTORY (cont.)

### EYE HISTORY

- Have you had your eyes tested before? When?
- Have you ever had an eye disease or injured your eyes?
- **Spectacle History:**  
It is helpful to know if someone has had spectacles in the past. If they do have spectacles, but are no longer wearing them, you need to know why.
  - Have you ever worn glasses?
  - If yes:
    - Were they for seeing far away or close up?
    - How long ago did you get these spectacles?
    - How is your vision with your current spectacles?
    - Are you happy with your current spectacles → why or why not?
- **Headache History:**  
Headaches can sometimes be caused by eye problems.
  - Where do you feel the headache? Show me on your head where you feel the pain.
    - Usually (but not always) headaches that are due to eye problems are felt at the front of the head or behind the eyes.
  - How long does the headache last? How often does it happen?
  - When do you get the headache? Is it worse in the morning or the afternoon? What are you doing when it starts?
    - If a person wakes up with a headache, the headache is probably not caused by the eyes. You need to refer this person to a general doctor.
    - If the headache starts when the person is doing a visual task (like reading or sewing), the headache may be caused by a refractive error.



#### MIGRAINE HEADACHES:

Some people get migraine headaches. If someone has a migraine they will usually see strange colours or lights in their vision. These visual symptoms usually last for 20 minutes. People who get migraine headaches may be sick for many hours or even days.

It is unusual for migraines to be caused by a person's vision or their eyes. This is usually a medical problem and the person should be referred for a general health check.

It is important to understand the difference between the visual symptoms of a migraine and a retinal detachment:

- A migraine has visual symptoms that last for only 20 minutes.
- A retinal detachment has visual symptoms that will last for longer than this.

### VISUAL NEEDS:

- What do you use your vision / eyes for?
  - Do you need good vision for work? (e.g. computers, sewing, driving, cooking)
  - Do you need good vision for school? (e.g. blackboard, reading, writing)
  - Do you need good vision for your hobbies? (e.g. drawing, sewing, reading)
  - Do you need good vision to play sport?
- Is there anything that you need to be able to see but cannot?

## TAKING A CASE HISTORY (cont.)

### GENERAL HEALTH, MEDICAL HISTORY AND ALLERGIES

Diseases in other parts of the body can be the cause of some eye problems.

It is important to ask the person about their general health.

- How is your health?
- Are you being treated for any health problems?
- Are you taking any medication? (Some medications have side effects that can affect vision.)
  - Name of medication?
  - What is it used for?
  - How much do you take and how often?
- Do you have diabetes? (sugar in the blood)
- Do you have high blood pressure?
- Do you have any allergies?

### FAMILY EYE OR HEALTH PROBLEMS

Many eye problems are hereditary (genetic) and can be passed onto other family members. Some families are more likely to have these problems than other families.

- Does anyone in your family have any eye problems (now or in the past)?
  - Does any family member wear spectacles? When and what for?
  - Has anybody in the family had any eye operations?
  - Does anybody in your family suffer from blindness?
  - Does anybody in your family have glaucoma? (sometimes called pressure in the eye)
  - Has anybody in the family had cataract? (white pupils)  
(This is especially important if it has happened to family members when they were young.)
- Does anyone in the family have general health problems?
  - Does any family member have diabetes or high blood pressure?



#### DIABETES, HIGH BLOOD PRESSURE AND OTHER HEREDITARY PROBLEMS:

If someone tells you that they have a family history of diabetes or high blood pressure you should refer them for a general health check.

People rarely have symptoms of these health problems in the early stages even though the problem might be damaging their body. It is important that a doctor detects these problems early, so that treatment can be started as soon as possible.

## THINKING ABOUT THE CASE HISTORY

After you take a case history, you need to think about what the person has told you and what you think their problem might be.

Some questions to ask yourself:

- Does the person need a refraction, or should they be referred immediately for an eye health or general health check?  
**Example 1:** A person who comes to you because they have a piece of metal in their eye needs an eye health check before you can do a refraction.  
**Example 2:** A person who has sudden-onset vision loss (vision that has become worse very quickly) may have an eye health problem, not a refractive error.
- What sort of refractive error do you think the person might have? Listen carefully to their symptoms and think about the person's age.
- What visual needs does the person have? Are they happy with their vision as it is now, or do they want to be able to see better?
- What do you think the solution to the person's problem might be? Do you think that you can help this person?



## SUMMARY: CASE HISTORY

### UNDERSTANDING THE PROBLEM

- Ask for symptoms.
- Look for signs.
- Measure how well the person can see and how healthy their eyes are

### CASE HISTORY

- Taking a case history is the first step that you take when you examine a person's eyes (unless the person has a chemical in their eye – which is an ocular emergency).
- A case history lets you know:
  - the problem that the person is having with their eyes or vision.
  - whether the problem is getting better or worse.
  - what tests you need to do.
  - whether the person needs a referral.
  - what type of education needs to be given to the person and their community about their eyes and vision.
- A good case history is often more helpful in diagnosing a person's eye problem than the results of the eye examination.
- Try to use open questions and encourage the person to tell you about their problem in their own words.

### TAKING A CASE HISTORY

#### A good case history will include:

- Chief complaint:
  - The main reason that the person is coming to see you.
  - Must discuss this problem and what can be done about it at the end of the eye examination.
- Information about vision:
  - For distance and near
  - Eye strain or tired eyes
  - Flashing lights or floating spots.
- Eye history:
  - Previous eye examinations
  - Previous eye problems
  - Spectacle history.
- Visual needs:
  - Tasks or work that the person needs their vision for.
- Family eye or health problems:
  - Eye problems that anyone in the family has (or had).
  - Family health problems (such as diabetes or high blood pressure).
- General health, medical history (including medications) and allergies:
  - Any health problems that the person has (or had).
  - Any allergies the person has.

## SUMMARY: CASE HISTORY (cont.)

### Asking for details:

- Often you need to ask more information about a person's symptoms.
- Questions you should ask include:
  - Sensation → how do the eyes feel?
  - Appearance → how do the eyes look?
  - Location → where is the problem?
  - Severity → how bad is it?
  - Onset → when did it start?
  - Frequency → how often does it happen?
  - Duration → how long does it last?
  - Associated symptoms → what other symptoms happen at the same time?
  - Relief → previous treatments
  - Vision → how does the person see?
  - Other people → does anyone else in the family or community have the same problem?

## THINKING ABOUT THE CASE HISTORY

When you have finished taking the case history you need to think about the information that the person has given you.

### Ask yourself:

- Does the person need a refraction or should they be referred for an eye health check right away?
- What sort of refractive error do you think the person has?
- What visual needs does the person have?
- What do you think the person's problem might be?



## TEST YOURSELF QUESTIONS

1. **When, during a normal eye examination, do you normally take a case history?**  

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2. **Why is it important to earn the trust and confidence of the person you are examining?**  

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3. **Why should we try to ask open questions when taking the case history, rather than closed and leading questions?**  

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4. **Why is it important to know what a person's chief complaint is?**  

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5. **List at least eight questions that should be included in the case history:**  

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6. **What should you do if someone tells you they have just splashed a chemical in their eye?**  

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7. **What should you do if someone tells you that they are seeing flashing lights or floating spots in their vision?**  

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8. **There are many diseases of the body that can also affect the eyes. Name two of these health problems.**  

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## NOTES