CHECKLIST: History of Present Illness

Checklist (LOCATES):

L
☐ Location of the symptom (have the patient point to the specific location, radiation of pain to other locations)

O
☐ Other symptoms associated with the primary symptom

C
☐ Characteristic of the symptom (type of sensation, i.e. sharp or dull pain)

A
☐ Alleviating Factors (Attempts made by patient to reduce symptom, i.e. lying down, medicine)
☐ Aggravating Factors (Circumstances which symptom increases)

T
☐ Time of symptom
  ☐ duration
  ☐ frequency
  ☐ pattern of the symptom over time (i.e. mornings, after meals)

E
☐ Environment where symptom occurs (i.e. at work, outside. May be random)

S
☐ Severity of symptom out of 10 point scale (1 = little or no pain, 10 = worst pain patient has ever felt)