Pertinent Questions:

What to ask a patient presenting with rectal pain:

• **What is the pain like?**
  - Remember the PQRST mnemonic: For pain (P) describe it in terms of quality (Q), radiation (R), severity (S), and time (T) it lasts and time this problem has been occurring. For quality you want to specifically ask whether this pain is throbbing, electric, constant, generalized, or focused to a specific anatomical area. This will help differentiate between muscular pain (levator spasm) and more localized problem (more specific).

• **When does the pain occur?**
  - With this question the interviewer needs to be comfortable asking specific questions about the patient's bowel habits and sexual activities. Does it hurt during defecation? If so, what is the stool like? The interviewer is looking for whether excessively hard stool or straining is causing the symptom. Has anything been inserted to the anus recently (during sexual intercourse or otherwise)? Any kind of anal insertion could cause trauma to the area.

• **What, if anything, makes the pain better?**

• **How much does the pain interfere with daily activities?**
  - This, along with the patient's subjective rating of their pain, helps the interviewer to gauge severity.

• **Has this ever happened in the past?**

• **Is there any pertinent family, medical, or surgical history?**
  - A history of a lifetime of GI troubles, blood in the stool, or family history of bowel disease would make the interviewer consider Crohn’s Disease or ulcerative colitis in the differential diagnosis. A history of PCP would suggest immunocompromise and greater likelihood of an infections etiology.

• **How has the patient felt in general?**
  - The interviewer wants to check specifically for fever, weight loss, fatigue, and general malaise

• **Finally, have there been any changes to the stool quality or caliber?**
  - Is there blood? Color change (especially to black)? Pus? A narrowing could indicate a pathological narrowing of the bowel lumen due to malignancy or an extra-luminal entity pressing into the lumen.