



**Consumer Health Inventory  
(CHI)  
Provider Guide**

**Revised July 2015**

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## **INTRODUCTION**

In addition to providing a standardized data collection and measurement process for the consumer's health and recovery over time, the Consumer Health Inventory (CHI) is designed to engage the consumer in reflection and discussion of their health status and progress on their recovery path in specific ways. To increase its applicability, the CHI can be administered in either English or Spanish. The CHI consumer report serves as a "lab report" that the consumer can keep in order to monitor progress over time and to discuss not only with the provider, but also with others in their support network. The report also is available in English or Spanish.

The Consumer Health Inventory Provider Guide is designed to provide background information on the tool and its psychometric properties, accompanying reports, and suggested clinical uses.

## **CHI PSYCHOMETRIC PROPERTIES**

The CHI can be thought of as comprised of two sections: one that assesses the overall physical and mental health status of a patient and another that delves into specific symptoms or problems an individual is experiencing. The first section includes the eight items from the SF-36 physical and mental health scales. The reliability, validity, and utility of the SF-36 physical and mental health scales have been well documented in its technical manual (Ware, J. E., et al, 2008) and in more than 20,000 other professional publications as of April, 2015.

The second section of the CHI comprises the remaining inventory items and domains (Resiliency, Pain Interference, Thought Disorder, Social Activity, Sleep, Work-School Participation, Alcohol Use, Tobacco Use, Non-prescribed Drug Use). The measure of each of these domains consists of validated items selected for their ability to provide useful clinical information either alone or when combined with other items. They were selected as questions from validated assessment instruments, based on psychometrician and clinical expert review and recommendation. Item changes were based on analysis of the original CHI on Magellan's various populations for sensitivity for outcomes and screening and to be responsive to updated research and quality requirements, such as NCQA.

## **ADMINISTRATION**

### **Eligibility**

The CHI is intended for use with the Magellan Public Sector and Commercial Sector consumers who are at least 14 years old and reading at the 4<sup>th</sup> grade reading level or higher. Both English and Spanish versions of the CHI are available for administration.

### **Explaining the Purpose of the Assessment to the Consumer**

The following script (or a variation appropriately reworded) is suggested for introducing the CHI the first time the consumer is asked to complete it:

*We would like to better understand how well you are able to do your usual activities and how well you feel. To help us better understand these things about you, please complete this inventory. Completing this confidential assessment will help you and your provider quickly identify areas for improvement, which is a positive step on your recovery path.*

*The inventory is simple to complete. Be sure to read the instructions that appear on the screen. This is not a test. There are no right or wrong answers. Choose the response that best represents the way you feel.*

*Please complete the inventory now. I will be nearby in case you want to ask me any questions. Let me know when you have completed it.*

### **Responding to Common Questions and Problems**

Administration of the CHI over the Internet is automated. However, it is not unusual for consumers to ask questions or display certain types of behaviors before, during, or after the administration of the survey. Below are several DOs and DON'Ts based on common questions, behaviors, or circumstances that may be encountered during the administration of the CHI and suggestions as to how to respond to them.

**Table 1. CHI Administration Dos and Don'ts**

<b>Dos</b>	<b>Don'ts</b>
DO introduce the CHI and explain the reasons for completing it and the importance and advantages of doing so for the consumer	DON'T minimize the importance of the CHI
DO have consumers complete the CHI before they engage in the session with their provider and at established intervals	DON'T discuss consumers' health, health data, or emotions with them before they complete the CHI
DO be warm, friendly, and helpful	DON'T force or command the consumer to complete the CHI
DO request and encourage the consumer to complete all of the CHI items	DON'T accept incomplete survey forms without first encouraging consumers to respond to any unanswered items
DO read and repeat a question and its response choices verbatim for consumers if they ask for clarification	DON'T change the wording of questions or response choices
DO tell consumers to answer items based on what they think each item means	DON'T interpret or explain items for consumers
DO encourage consumers to complete the survey by themselves	
DO inform consumers when they will be asked to fill out the same inventory again at a later date	
DO thank consumers for completing the inventory	

**When to Re-administer the CHI**

Because of the 4-week interval that consumers must consider in responding to many of the items, it is advisable to have 4 weeks between administrations of the CHI. If, however, an individual has experienced a period of significant change prior to the 4 week interval, you may want to have the individual retake the CHI to quantify the amount of change, or you might verbally ask them using the same questions. For example, the pain question is one you might ask more frequently.

## SCORING AND REPORTING

### Scoring of the CHI

Scoring of the CHI takes place after the consumer has responded to *all* CHI items. The physical and mental health scales of the CHI are scored from the responses to the modified SF-36 items according to the algorithms and the age-by-gender norms found in the SF-36 manual (Maruish, 2011). The resulting physical and mental health scale norm-based scores have a mean of 50 and standard deviation of 10 in the general U.S. population. Norms have not been established for ages 14-17; norms for age 18 will be displayed for comparison. The more important measure is the individual's progress over time. The scores for the remaining CHI domains represent the aggregation of scores for more than one item, or the response to a single item. Progress indicators are determined by domain-specific rules.

### Reports

Once scored, CHI results are available in two unique reports that can be generated over the internet from the Consumer Based Health Outcomes Assessment System.

#### *Provider Report*

The Provider Report presents the scored results of the administration via visual domain rating indicators of "Baseline" and "Current" results, numerical and graphed scores, interpretive text, and tables. A sample Provider Report is presented at the end of this document and will be discussed in detail in the following section.

#### *Member Report*

The Member (Consumer) Report is similar to the provider report but does not include some of the information that is available to the provider (e.g., Previous Response section, graphs of longitudinal results). A sample Member Report is presented at the end of this document.

## UNDERSTANDING THE PROVIDER REPORT

The CHI Provider Report presents a brief yet informative point-in-time snapshot of the consumer on several domains that are important for the understanding of his or her physical and emotional health status. It also allows for a quick comparison of current findings with those from earlier administrations of the inventory. In all, the Provider Report can serve as a valuable source of information for recovery focus, treatment planning and monitoring, and assessment of the outcomes of the treatment episode.

### Dashboard Summary of Results

One of the most useful features of the report is the Dashboard summary of CHI results. In an instant, the provider can get a good sense of where the consumer was at Baseline in relation to age and gender appropriate normative data or clinically determined standards; his or her status at the time of the most recent (Current) CHI administration; and whether

the differences between the two sets of scores indicate change within any measured domain.

***Progress Rating***















The progress rating provides a means of determining whether clinically important changes on each domain and measure have improved (“better”), remained the same (“same”), or have deteriorated (“worse”) relative to the consumer’s status at Baseline. Some questions allow for the member to choose not to answer (“NA”) or there question was not on the baseline assessment.

<b>Progress since baseline assessment:</b>										
Physical Health	Emotional Health	Resiliency	Pain Interference	Thought Disorder	Social Activity	Sleep	Work - School Participation	Alcohol Use	Tobacco Use	Non-Prescribed Drug Use
Same	Worse	Better	Same	NA	Better	Worse	Worse	Better	Same	Worse
Key: <b>Better</b> - Positive change since baseline assessment <b>Same</b> - No change since baseline assessment <b>Worse</b> - Decline since baseline assessment <b>NA</b> - Not Applicable or you chose not to answer										

The criteria for the change ratings for each domain and measure are presented below.

***Current Status Rating***

Based on the consumer’s Current responses to the CHI, a color-coded rating of Moderate to high concern (red), Low to moderate concern (yellow with lines), or No concern at this time (white) is given for each of the 8 domains and 3 substance use measures. Moderate to high concern and Low to moderate concern suggest problems in that area.

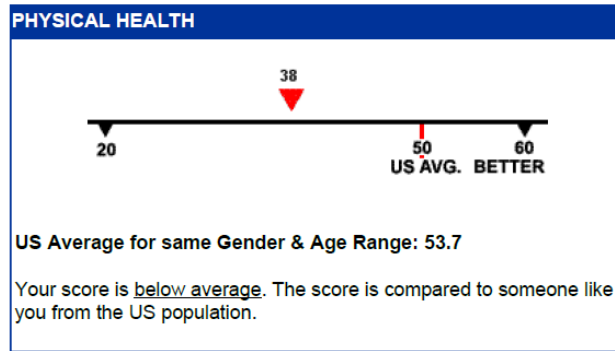
Current Status:											
Key:		Moderate to High Concern		Low to moderate concern		No concern at this time	<b>NA</b>	Not Applicable or You chose not to answer			

What is measured by each domain and substance use measure and the basis for its rating is discussed below.

***Report Measurements***

**Physical Health**

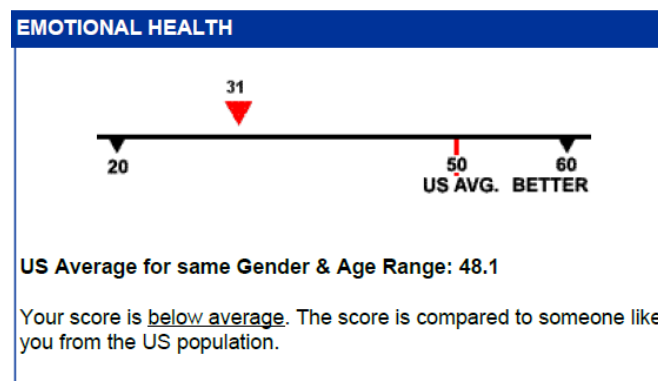
The responses to four items from the SF-36 physical functioning scale contribute to the scoring of the CHI Physical Health measure. The higher the resulting score the more likely that the individual is generally in good physical health with little or no physical limitations.



The Dashboard Baseline and Current ratings are based on whether the Physical Functioning score is 5 or more points below the age and gender norm for the PF measure (*below average*), 5 or more points above the norm for the PF measure (*above average*), or is within 5 points of the norm score (*average*). The Progress rating is based on whether the Current score is 5 or more points greater (*better*) or 5 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.

### Emotional Health

As with the Physical Health domain, the Dashboard Baseline and Current ratings are based on whether the Mental Health score is 5 or more points below the age-and-gender-based norm for the MH measure (*below average*), 5 or more points above the norm for the MH measure (*above average*), or is within 5 points of the norm score (*average*). The Progress rating is based on whether the Current score is 5 or more points greater (*better*) or 5 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.



As with the Physical Health domain, the Dashboard Baseline and Current ratings are based on whether the Mental Health score is 5 or more points below the age-and-gender-based norm for the MH measure (*below average*), 5 or more points above the norm for the MH measure (*above average*), or is within 5 points of the norm score (*average*). The Progress rating is based on whether the Current score is 5 or more points greater (*better*)



or 5 or more points less (*worse*) than the Baseline score. Otherwise, the condition is considered the *same*.

### **Resiliency**

The Resiliency scale consists of two items measuring the consumer's self-assessed ability to deal with daily problems and whether they are hopeful that treatment or therapy can help them.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating.

The dashboard Current Status rating for the Resiliency domain is scored as follows:

- No Concern at this time: both questions are answered as Agree and/or Strongly Agree,
- Moderate to high concern: both questions are answered as Neutral, Disagree and/or Strongly disagree.
- Low to moderate concern: all other combinations

### **Pain Interference**

The Pain Interference domain is comprised of one item from the SF-36 Bodily Pain scale. The question asks how much pain interfered with daily activities over the past 4 weeks.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating.

The dashboard Current Status rating for the Pain Interference domain is scored as follows:

- No Concern at this time: the question is answered as Not at all.
- Low to moderate concern: the question is answered as either A Little bit or Moderately.
- Moderate to high concern: the question is answered as either Quite a bit or Extremely.

### **Thought Disorder**

The Thought Disorder domain includes a screening item based on how much of the time the consumer has heard or seen things that other people don't.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating. The term NA could also appear on the report. This will appear if the consumer chose "Prefer not to answer" on the assessment.

The dashboard Current Status rating for the Thought Disorder domain is scored as follows:

- No Concern at this time: the question is answered as None of the time.
- Low to moderate concern: the question is answered as Some of the time, A little of the time or Prefer not to answer.

-Moderate to high concern: the question is answered as either All of the time or Most of the time.

### **Social Activity**

The Social Activity domain includes a screening item based on how much of the time the consumer's health has been a problem with such things as seeing friends or family over the past 4 weeks.

The dashboard Current Status rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating.

The Dashboard Baseline and Current rating for the Social Activity domain is scored as follows:

- No Concern at this time: the question is answered as None of the time.
- Low to moderate concern: the question is answered as Some of the time or A little of the time.
- Moderate to high concern: the question is answered as either All of the time or Most of the time.

### **Sleep**

The Sleep domain includes a screening item based on how often the consumer awoke during sleep time and had trouble falling asleep again over the past 4 weeks.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating. The term NA could also appear on the report.

The dashboard Current Status rating for the Sleep domain is scored as follows:

- No Concern at this time: the question is answered as None of the time.
- Low to moderate concern: the question is answered as Some of the time or A little of the time.
- Moderate to high concern: the question is answered as either All of the time or Most of the time.

### **Work-School Participation**

The Work-School Participation domain includes a screening item based on how many days the consumer has missed from work, school or other regular activities due to his or her health.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating.

The dashboard Current Status rating for the Work-School Participation domain is scored as follows:

- No Concern at this time: the question is answered 0 (zero) days missed.
- Low to moderate concern: the question is answered as 1 day missed.
- Moderate to high concern: the question is answered within the range of 2 to 31 days missed.

### **Alcohol Use**

The Alcohol Use domain includes two screening items based on how many days a week the consumer drank and how many drinks per day were consumed over the past 4 weeks.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating. The term NA could also appear on the report if the consumer chose “Prefer not to answer” on either question.

The dashboard Current Status rating for the Alcohol Use domain is based on a scoring algorithm that looks at both of the questions responses. The algorithm considers each question singularly and in combination as well as the consumer’s gender.

Using the definitions from the National Institute on Alcohol Abuse and Alcoholism (NIAA) for unhealthy alcohol use by gender:

- Unhealthy alcohol use for women is greater than 3 drinks per day or greater than 7 per week (threshold is 3 drinks per day or 7 drinks per week)
- Unhealthy alcohol use for men is greater than 4 drinks per day or greater than 14 per week (threshold is 4 drinks per day or 14 drinks per week)

The dashboard Current Status rating for the Alcohol Use domain is scored as follows:

- No Concern at this time: the per day and per week are less than the threshold
- Low to moderate concern: the per day or per week are at the threshold
- Moderate to high concern: the per day and per week are greater than the threshold

### **Tobacco Use**

The Tobacco Use domain includes one screening item based on the consumer’s tobacco use.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating. The term NA could also appear on the report.

The dashboard Current Status rating for the Tobacco Use domain is scored as follows:

- No concern at this time: the question is answered as Never used or Quit over 5 years ago.
- Low to Moderate concern: the question is answered as Quit less than 5 years ago.
- Moderate to High concern: the question is answered as Currently use.

### **Non-prescribed Drug Use**

The Non-prescribed Drug Use domain includes one screening item based on how often the consumer used non-prescribed drugs over the past 4 weeks.

The dashboard Progress rating is based on whether the Current rating (Better, Same, Worse) has changed from the Baseline rating. The term NA could also appear on the report. This will appear if the consumer chose “Prefer not to answer” on the assessment.

The dashboard Current Status Rating for the Non-prescribed Drug Use domain is scored as follows:

- No concern at this time: the question is answered as Never.
- Low to Moderate concern: the question is answered as Less than once a week or Prefer not to Answer.
- Moderate to High concern: the question is answered as Every day, Almost every day, 3-4 days a week or 1-2 days a week.

## **USING THE PROVIDER REPORT**

The CHI may be used to support four major clinical activities. First, it can be used as part of an initial *screening and assessment* of consumers. Providers may find that one way to validate their clinical impressions is to administer the CHI at the time of the intake/admission interview. Second, CHI findings that are supported by other sources of information (e.g., data from clinical or collateral interview, medical records, other inventories) can assist in *planning treatment*. Consideration of the obtained results can help ensure that identified problems are addressed during treatment. Third, its brevity makes it feasible to administer the CHI multiple times during treatment in order to objectively *monitor treatment progress*. When combined with other information, CHI follow-up data may be used to help determine the appropriateness of continuing the prescribed treatment, the consumer’s readiness to move to another level of care, or whether further treatment is needed. Lastly, the CHI can be used to *assess treatment outcomes* from intake to treatment termination, and/or to post-treatment follow-up. This demonstration of treatment outcomes can be done either at the individual consumer level or, through CHI data aggregation, for a group or population.

### **Screening and Assessment**

The brevity of the inventory and the immediate availability of the Provider Report make the CHI an ideal tool to include as part of the intake screening and/or assessment process. Standardized screening can be accomplished for depression, anxiety, thought disorder, tobacco use, sleep difficulties, and interference of pain on daily life. The substance use and alcohol ratings presented in the Dashboard summary provide an immediate indication of problematic areas of functioning that should be explored through other means,

including interviews with the consumer and their family and those in their recovery support system.

After scoring the CHI, providers are encouraged to ask consumers about their responses in a guided interview type of discussion focusing on strengths and areas of improvement, and then identifying areas for focused attention and recovery planning. This serves not only as a way of clarifying the meaning of the results to the provider and the consumer, but also as a therapeutic intervention by itself. This would be accomplished by reviewing the findings presented in the CHI report with the consumer, eliciting their reactions to them, and discussing the meaning of the results in terms of the consumer's self-defined treatment goals. In essence, the CHI can serve as a catalyst for the therapeutic encounter via (a) the objective feedback that is provided to the consumer, (b) stimulation of further self-assessment by the consumer, and (c) the opportunity to arrive at mutually agreed upon treatment goals. This process may be shared with the consumer's family consumers or significant others as appropriate and agreed upon by the consumer.

### **Planning Treatment**

Information from CHI Provider Report, input from the consumer stemming from the review of the report with them, and other assessment information (e.g., other interview information, results from other psychological measures, review of medical records) can serve as the basis for the development of a recovery plan. In addition to findings from other assessment procedures, the results for each of the domains and substance use areas assessed by the CHI can have important implications for the treatment of consumers seeking emotional health services.

### **Physical Functioning**

Scores in the *below average* range should alert the provider to the possibility of significant physical problems that interfere with the consumer's ability to perform daily activities or otherwise physically function well in daily life. Unless the nature of the physical impairment is known to the consumer or he or she reports being under medical treatment, a referral for physical evaluation may be warranted, particularly if the physical limitations impede his or her ability to benefit from treatment.

### **Mental Health**

As with the Physical Health domain, Emotional Health scores in the *below average* range should alert the provider to the possibility of significant emotional problems that interfere with the consumer's ability to mentally function well in daily life. Scores below 42 warrant inclusion of a thorough evaluation for presence and severity of depression and referral for medication evaluation in the treatment plan.

### **Considerations for Assessment and Treatment**

The Considerations for Assessment and Treatment section of the report considers all non-positive responses from the Resiliency, Pain Interference, Thought Disorder,

Social Activity, Sleep, Work-School Participation, Alcohol Use, Tobacco Use and Non-prescribed Drug Use categories.

A consideration for assessment and treatment will appear as follows:

Resiliency: the consumer answers 'Disagree', 'Strongly Disagree' or 'I am neutral' regarding their daily problems and whether they believe that treatment/therapy can help them.

Pain Interference: the consumer answers 'A little bit', 'Moderately', 'Quite a bit' or 'Extremely' regarding how much pain interfered with their daily activities.

Thought Disorder: the consumer answers 'All', 'Most', 'Some', 'A little' or 'Prefer not to answer' regarding whether they heard or saw things that other people don't.

Social Activity: the consumer answers 'All', 'Most', or 'Some' regarding whether their health has been a problem with such things as seeing friends or family.

Sleep: the consumer answers 'All', 'Most', or 'Some' regarding whether they awake during their sleep and have trouble falling back to sleep.

Work-School Participation: the consumer answers with a value greater than 0 regarding the number of days missed from work or school. The number of missed work or school days due to physical or mental health issues during the previous 4 weeks can serve as a measure of severity and further support a referral for a physical and/or medication evaluation a part of the plan.

Alcohol Use: the consumer answers in one of the following manners:

- 1) if: gender = male and amount of daily drinks is 4 or more (question #11)
  - 2) if gender = female and amount of daily drinks is 3 or more (question #11)
- OR:
- 3) if gender = male and the result of question 10 (number of drinking days per week) X question 11 (number of drinks per day) is greater than 14
  - 4) if gender = female and the result of question 10 (number of drinking days per week) X question 11 (number of drinks per day) is greater than 7).
- OR:
- 5) The consumer preferred not to answer one or both of the alcohol questions.

Upon further assessment, this may warrant inclusion in some form of substance abuse treatment as part of the recovery plan.

Tobacco Use: the consumer answers 'Currently Use'.

Non-prescribed Drug Use: the consumer answers 'Every day', 'Almost every day', '3-4 days a week', '1-2 days a week', 'less than once a week' or 'prefer not to answer' Upon

further assessment, this may warrant inclusion in some form of substance abuse treatment as part of the recovery plan.

### **Monitoring Treatment Progress**

Re-administration of the CHI during the course of treatment can help determine whether the initial treatment plan continues to be appropriate for the consumer. The Progress, Current Status, Physical Health, Emotional Health and the Considerations for Assessment & Treatment domains of the report can help the provider to quickly determine whether the consumer is showing the expected improvement. In addition, the graphs plotting the most recent scores for the Physical Health, and Emotional Health domains can be used to detect trends over time. Again, the consumer should be involved in the review of the most recent findings. If expected improvement is not indicated, modifications to the treatment plan can be made with the consumer's input, followed by re-administration of the CHI later to determine whether the revised treatment plan has impacted progress in the positive direction. This process also provides information relevant to decision-making regarding treatment termination.

### **Assessing Treatment Outcomes**

Comparison of Baseline scores to those obtained from the last administration of the CHI prior to treatment termination can provide an excellent measure of outcomes for the episode of care. As with treatment monitoring, this is facilitated by the Progress and Current Status indicators on the Dashboard.

## **CONSUMER USE OF THE CHI**

Although the focus of this guide has been on the use and benefits of the CHI Provider Report, the Consumer Report is intended to provide value to the consumer also. For this reason, please encourage behavioral healthcare consumers to complete the CHI at the point of treatment initiation and at other key times during the episode of care. It may be helpful to explain how completing the CHI can be another way for consumers to become actively involved in their treatment by monitoring their health and wellness over time, much like weighing themselves or having their blood pressure measured on a regular basis. Please encourage the consumer to keep a copy of their Consumer Report as it can serve as a record of the point-in-time monitoring and be included as part of their own personal health record. Overall, this approach may increase the consumer's involvement in health care planning and monitoring.

## **A FINAL NOTE**

The CHI was designed for consumers and providers to use as a point-in-time measure of physical and emotional health status. However, one must be mindful that it should be

used as only one source of information about the consumer which, when combined with clinical interview and other information, can assist in screening consumers and planning, monitoring and assessing the effect of treatment on their health, wellness and recovery.


## **REFERENCE**

Ware, J. E., Jr., Kosinski, M., Bjorner, J. B., Turner-Bowker, D. M., Gandek, B., & Maruish, M. E. (2008). *SF-36v2® Health Survey: Administration guide for clinical trial investigators*. Lincoln, RI: QualityMetric Incorporated.

Maruish ME (2011). User's manual for the SF-36v2 Health Survey (3rd ed.). Lincoln, RI: QualityMetric Incorporated.



**PROVIDER REPORT**



Report Date: 5/14/2015  
**Consumer Health Inventory™ : Provider Report**  
 Member: ALC\_Test123  
 Age: 25 Gender: M  
 Assessment Date: 5/14/2015

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SUMMARY

**Progress since baseline assessment:**

Physical Health Same	Emotional Health Worse	Resiliency Better	Pain Interference Same	Thought Disorder NA	Social Activity Better	Sleep Worse	Work - School Participation Worse	Alcohol Use Better	Tobacco Use Same	Non-Prescribed Drug Use Worse
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Key: Better - Positive change since baseline assessment    Same - No change since baseline assessment    Worse - Decline since baseline assessment  
 NA - Not Applicable or Member chose not to answer

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**Current Status:**

●	●	●	●	●	●	●	●	○	●	●
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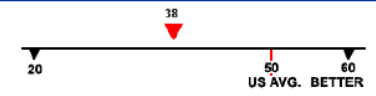
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**Key:**

● Moderate to High Concern	● Low to moderate concern	○ No concern at this time	NA Not Applicable or Member chose not to answer
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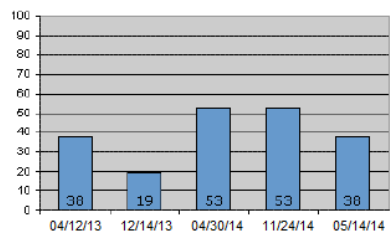
**PHYSICAL HEALTH**



US Average for same Gender & Age Range: 53.7

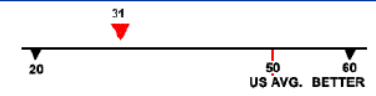
The member's physical health score is below average compared to a person of the same age and gender from the US General Population.

The following graph portrays a history of the member's physical health scores over time.



Date	04/12/13	12/14/13	04/30/14	11/24/14	05/14/14
Score	38	19	53	53	38

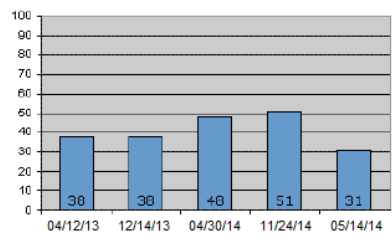
**EMOTIONAL HEALTH**



US Average for same Gender & Age Range: 48.1

The member's emotional health score is below average compared to a person of the same age and gender from the US General population.

The following graph portrays a history of the member's emotional health scores over time.



Date	04/12/13	12/14/13	04/30/14	11/24/14	05/14/14
Score	38	38	48	51	31

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**Considerations for Assessment and Treatment**

- Resiliency:** The member feels neutral that treatment/therapy can help them.
- Pain Interference:** Pain interfered with the member's daily activities moderately.
- Thought Disorder:** The member preferred not to answer the thought disorder question.
- Sleep:** The member is awake during their sleep time and has trouble falling back to sleep most of the time.
- Work-School Participation:** The member missed 8 day(s) from work, school or other regular activities due to their health.
- Non-prescribed drug use:** The member currently uses drugs other than those prescribed almost every day.

This report reflects information provided through patient self-report. It is not intended to replace clinical judgment or treatment.


 Report Date: 5/14/2015  
**Historical Member Responses**


 Member: ALC\_Test123  
 Age: 25 Gender: M  
 Assessment Date: 5/14/2015

Item	1	2	3	4	5
Date Taken (mm/dd/yyyy):	4/12/2013	12/14/2013	4/30/2014	11/24/2014	5/14/2015
What is your gender?	Male	Male	Male	Male	Male
What is your date of birth?	5/14/1990	5/14/1990	5/14/1990	5/14/1990	5/14/1990
I think that I can deal with daily problems...	I am neutral	I agree	I am neutral	I am neutral	I agree
I am hopeful that treatment/therapy can help me...	I am neutral	I agree	I agree	I am neutral	I am neutral
Does your health now limit you in moderate physical activities, such as getting groceries or going to the mailbox?	Yes, limited a little	Yes, limited a lot	No, Not limited at all	No, Not limited at all	Yes, limited a little
Does your health now limit you in climbing several flights of stairs?	Yes, limited a little	Yes, limited a lot	No, Not limited at all	Yes, limited a little	Yes, limited a little
Does your health now limit you in bending, kneeling, or stooping?	Yes, limited a little	Yes, limited a lot	Yes, limited a little	No, Not limited at all	Yes, limited a lot
Does your health now limit you in walking several hundred yards?	Yes, limited a little	Yes, limited a lot	No, Not limited at all	No, Not limited at all	No, Not limited at all
In the past 4 weeks, how much of the time have you been nervous?	Some of the time	Some of the time	Some of the time	Some of the time	Some of the time
In the past 4 weeks, how much of the time have you felt calm and peaceful?	Some of the time	Some of the time	Most of the time	All of the time	Some of the time
In the past 4 weeks, how much of the time have you felt downhearted and depressed?	Some of the time	Some of the time	Some of the time	Some of the time	Most of the time
In the past 4 weeks, how much of the time have you been happy?	Some of the time	Some of the time	All of the time	All of the time	A little bit
In the past 4 weeks, how did pain interfere with your daily activities?	Moderately	A little bit	A little bit	Moderately	Moderately
In the past 4 weeks, how much of the time have you heard or seen things that other people don't?	Some of the time	Prefer not to answer	Prefer not to answer	Prefer not to answer	Prefer not to answer
In the past 4 weeks, how much of the time has your health been a problem with such things as seeing friends or family?	Some of the time	A little bit	Some of the time	Most of the time	A little bit
In the past 4 weeks, how often do you awaken during your sleep time and have trouble falling asleep again?	Some of the time	Most of the time	All of the time	Most of the time	Most of the time
In the past 4 weeks, how many days have you missed from work, school, or other regular activities due to your health?	4	12	21	10	8
On average, how many days a week do you have an alcoholic drink?	3	3	5	6	4
On a typical drinking day, how many drinks do you have?	3	3	5	4	2
How often did you use drugs other than those prescribed for you?	1-2 days a week	1-2 days a week	1-2 days a week	1-2 days a week	Almost every day
What statement best describes your use of tobacco products, if any?	Quit less than 5 years ago	Currently use	Currently use	Currently use	Quit less than 5 years ago

Question responses designated as "Not Applicable" refer to newly added questions that were not asked on previous assessment.

**Note:** The first assessment will always be displayed. If more than 5 assessments have been taken, the last 4 will also be displayed with the Baseline.

**MEMBER REPORT**



Report Date: 5/14/2015

**Consumer Health Inventory™ : Member Report**

Member: ALC\_Test123  
 Age: 25    Gender: M  
 Assessment Date: 5/14/2015

SUMMARY

**Progress since baseline assessment:**

Physical <u>Health</u> Same	Emotional <u>Health</u> Worse	<u>Resiliency</u> Better	Pain <u>Interference</u> Same	Thought <u>Disorder</u> NA	Social <u>Activity</u> Better	<u>Sleep</u> Worse	Work - <u>School</u> <u>Participation</u> Worse	Alcohol <u>Use</u> Better	Tobacco <u>Use</u> Same	Non- <u>Prescribed</u> <u>Drug Use</u> Worse
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Key: Better - Positive change since baseline assessment    Same - No change since baseline assessment    Worse - Decline since baseline assessment  
 NA - Not Applicable or you chose not to answer

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**Current Status:**

●	●	●	●	●	●	●	●	○	●	●
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**Key:**

●	Moderate to High Concern	●	Low to moderate concern	○	No concern at this time	NA	Not Applicable or You chose not to answer
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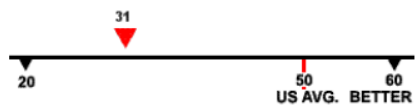
**PHYSICAL HEALTH**



US Average for same Gender & Age Range: 53.7

Your score is below average. The score is compared to someone like you from the US population.

**EMOTIONAL HEALTH**



US Average for same Gender & Age Range: 48.1

Your score is below average. The score is compared to someone like you from the US population.

**Considerations for Assessment and Treatment**

- Resiliency:** You feel neutral that treatment/therapy can help you.
- Pain Interference:** Pain interfered with your daily activities moderately.
- Thought Disorder:** You preferred not to answer the Thought Disorder question.
- Sleep:** You awake during your sleep time and have trouble falling back to sleep most of the time.
- Work-School Participation:** You have missed 8 day(s) from work, school or other regular activities due to your health.
- Non-prescribed drug use:** You currently use drugs other than those prescribed almost every day.

This report reflects information provided through patient self-report. It is not intended to replace clinical judgment or treatment.

## SURVEY

# Magellan

## HEALTH<sup>SM</sup>

To view the rest of the page,  
click the scroll bar on the right.

**Consumer Health Inventory<sup>TM</sup>**

What is your gender? Female ▼      What is your date of birth? March ▼ 25 ▼ 1990 ▼

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**1. I think that I can deal well with daily problems.**

Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**2. I am hopeful that treatment/therapy can help me.**

Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate physical activities, such as getting groceries or going to the mailbox.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bending, kneeling, or stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Walking several hundred yards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**4. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling. How much of the time:**

	All	Most	Some	A little	None
a. Have you been very nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt downhearted and depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next several questions refer to the past 4 weeks:

**5. How much did pain interfere with your daily activities?**

Not at all

A little bit

Moderately

Quite a bit

Extremely

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**6. How much of the time have you heard or seen things that other people don't?**

All

Most

Some

A little

None

Prefer not to  
answer

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**7. How much of the time has your health been a problem with such things as seeing friends or family?**

All

Most

Some

A little

None

---

**8. How often did you awaken during your sleep time and have trouble falling asleep again?**

All

Most

Some

A little

None

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9. How many days have you missed from work, school or other regular activities due to your health?

10. On average, how many days a week do you have an alcoholic drink?

7      6      5      4      3      2      1      0      Prefer not to answer  
                       

11. On a typical drinking day, how many drinks do you have?

7 or more    6      5      4      3      2      1      0      Prefer not to answer  
                       

12. How often did you use drugs other than those prescribed for you?

Every day      Almost every day      3 - 4 days a week      1 - 2 days a week      Less than once a week      Never      Prefer not to answer  
                                   

13. What statement best describes your use of tobacco products, if any?

Currently use      Quit less than 5 years ago      Quit over 5 years ago      Never used  
                 

**Thank you for taking the Consumer Health Inventory™**

[Click here for your Report](#)