Consumer Health Inventory-Child Version (CHI-C) Provider Guide

Revised August 10, 2015

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INTRODUCTION

Behavioral healthcare providers are faced with several challenges today. One is meeting market and accreditation demands for the measurement of outcomes of treatment provided to consumers of their services. Similar demands are also an incumbent part of the implementation of evidence-based treatment practices. The challenges of measuring outcomes come not only from collecting data from consumers but also in using the process and resulting information to enhance both the therapeutic alliance with consumers and the treatment that is provided to them. It is these challenges that led to the development of the child caretaker-completed Consumer Health Inventory-Child Version (CHI-C). The term "child" has been used to simplify this document rather than the use of "child/youth." It is recognized that the appropriate term will be used in discussions with the caretaker based on the child or youth's age.

In addition to providing a standardized means for collecting data and measuring children's health and resiliency over time, the CHI-C is designed to engage the child and his or her caretaker in reflection and discussion of their health status and progress in specific ways. To increase its applicability, the CHI-C can be administered in either English or Spanish. The CHI-C Caretaker Report serves as a "lab report" that the caretaker of a child can keep in order to monitor the child's progress over time and to discuss not only with the provider and the child, but also with others in the child's support network. This report also is available in English or Spanish.

This *Provider Guide* provides background information on the CHI-C and its psychometric properties, accompanying reports, and suggested clinical uses. The CHI-C was developed by QualityMetric Incorporated for Magellan Health to support children and their caretakers (parents or guardians) during the process of building the child's resiliency. It was constructed with provider and consumer input and is based, in part, on the SF-10™ Health Survey for Children (SF-10; Saris-Baglama et al., 2007). The CHI-C also includes items assessing the child's strengths, level of distress, and school absences. Overall, the CHI-C provides an assessment of a child's physical and psychosocial health status from his or her caretaker's perspective. CHI-C results are intended to be utilized in interactive discussions between a provider and the child and his or her caretaker in an open and positive environment.

CHI-C PSYCHOMETRIC PROPERTIES

The CHI-C can be divided into two sections for the purpose of commenting on its psychometric properties. The first section includes the 10 items from the SF-10. Five of the items are primarily related to the child's physical health and in aggregate are used to derive the SF-10's Physical Health Summary (PHS-10) standard score; the other five items are primarily related to the child's psychosocial health and in aggregate are used to derive the Psychosocial Health Summary (PSS-10) standard score. In this guide and the CHI-C reports, the PHS-10 and PSS-10 are represented by the Physical Health Summary and Psychosocial Health Summary, respectively.

The reliability, validity, and utility of the caretaker-completed SF-10 for 5-17 year old children have been documented in its user's guide (Saris-Baglama et al., 2007). For example, investigators studied the psychometric properties of the SF-10 items and summary scales using 2006 data for 5-17 year old children (N = 3,563) whose caretakers completed the SF-10 in either an Internet or mail-back format. All items correlated significantly higher with their hypothesized summary scale than with the alternative scale. Item-scale correlations were greater than .40 and item-scale correlations for the PHS-10 (mail: r = .42-.65; Internet: r = .47-.65) and PSS-10 (mail: r = .58-.67; Internet: r =. 62-.72) were roughly equivalent across the two modes of administration. Across modes of administration, internal consistency reliability estimates for PHS-10 (mail: α = .72; Internet: α = .78; total sample: α = .76) and PSS-10 (mail: α = .81; Internet: α = .84; total sample: α = .83) were acceptable. Overall, the SF-10 has been found to be an excellent compromise between practicality, comprehensiveness of content, psychometric considerations such as reliability and validity of scores, and the need to cover a sufficient range of health levels in the population of interest. In developing the CHI-C, none of the SF-10 items were modified, thus maintaining the same psychometric properties as the SF-10 when it is administered in a stand-alone format.

The other sections of the CHI-C comprise the remaining inventory items and domains (Strengths, Distress Symptoms, and School Absences). The measure of each of these domains consists of face valid items selected for their ability to provide useful clinical information either alone or when combined with other items. The psychometric properties of these domain measures have not been established but will be investigated as more data become available.

ADMINISTRATION

Eligibility

The CHI-C is intended to be used for the assessment of children who are 5-17 years old and whose caretaker respondent is reading at the 6th grade reading level or higher. Norms have not been established for children under age 5. Norms for age 5 will be displayed for comparison. The more important measure is the individual's progress across time.

Both English and Spanish versions of the CHI-C 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-C the first time the caretaker is asked to complete it:

> *The CHI-C is simple to complete. It was designed to provide information about the everyday functioning and well-being of children in ways that matter most to them and their families. The CHI-C asks questions about your child's physical wellness, [his/her] feelings, behavior, and activities at school and with family and friends. Be*

sure to read the instructions and choose the responses that best represent your beliefs. Remember, this is not a test and there are no right or wrong answers.

Responding to Common Questions and Problems

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

Table 1. CHI-C Administration Dos and Don'ts

Dos	Don'ts
DO introduce the CHI-C to the caretaker and explain the reasons for completing it and the importance and advantages of doing so for the child, and its use in treatment planning	DON'T minimize the importance of the CHI-C
DO have the caretaker complete the CHI-C before he or she or the child engages in a session with the provider and at established intervals	DON'T discuss the child's health, health data, or emotions with the child or caretaker before completion of the CHI-C
DO be warm, friendly, and helpful	DON'T force or command the caretaker to complete the CHI-C
DO request and encourage the caretaker to complete all of the CHI-C items	DON'T accept incomplete inventories without first encouraging the caretaker to respond to any unanswered items
DO read and repeat a question and its response choices verbatim for the caretaker if he or she asks for clarification	DON'T change the wording of the CHI-C questions or response choices
DO tell the caretaker to answer items based on what he or she think each item means	DON'T interpret or explain items for the caretaker
DO encourage the caretaker to complete the assessment without help from others, but provide assistance if needed	
DO inform the caretaker when he or she will be asked to fill out the CHI-C again at a later date	
DO thank the caretaker for completing the assessment	

When to Re-administer the CHI-C

Generally, the CHI-C should be administered to the child's caretaker before treatment plans are established, updated, or ended. It can be administered more frequently or at other times to meet provider or agency needs, or to meet regulatory or accreditation requirements. However, because of the 4-week interval that the caretaker must consider in responding to many of the items, a minimum of 4 weeks between administrations of the CHI-C is recommended.

SCORING AND REPORTING

Scoring of the CHI-C

Scoring of the CHI-C takes place after the caretaker has responded to *all* CHI-C items. The SF-10 PHS-10 and SF-10 PSS-10 scales are scored from the responses to the SF-10 items according to the algorithms found in the SF-10 user's guide (Saris-Baglama et al., 2007). The resulting SF-10 PHS-10 and SF-10 PSS-10 *norm-based scores* (NBS; mean = 50, SD = 10) serve as the CHI-C Physical Health Summary and Psychosocial Health Summary scores, respectively. The scores for the remaining CHI-C 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-C results are available in any of three unique reports that can be generated over the Internet from Magellan's 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 on pages 12 and 13 of this document and will be discussed in detail in the following section.

Caretaker Report
The Caretaker Report is similar to the Provider Report but does not include some of the information that is available to the provider (e.g., Considerations section, graphs of longitudinal results). A sample Caretaker Report is presented on page 14.

Management Reports
These reports present aggregate data for groups of children whose caretakers have completed the CHI-C. Data can be aggregated by children and/or their caretakers in treatment with a specific provider, by agency or service type, and/or for the entire population of children with completed CHI-Cs during a specific time period.

UNDERSTANDING THE PROVIDER REPORT

The CHI-C Provider Report presents a brief yet informative point-in-time snapshot of the caretaker's assessment of his or her child on several domains that are important for the understanding of the child's physical and psychosocial 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 focusing on building resiliency, treatment planning and monitoring, and assessment of the outcomes of an episode of care.

Dashboard Summary of Domain Results

Another useful feature is the Dashboard summary of CHI-C results. In an instant, the provider can get a good sense of where the child was at Baseline in relation to age-appropriate normative data or clinically determined standards; his or her status at the time of most recent CHI-C administration; and whether the differences between the two sets of scores indicate change within any of four reported domains: Strengths, Distress Symptoms, Physical Health, and Psychosocial Health.

Baseline Rating

Based on the caretaker's responses to the CHI-C at Baseline (i.e., first CHI-C administration), a color-coded rating of *at or above average, below average,* or *well below average* is given for each of the four domains. A rating of *below average* or *well below average* in an area suggests problems in that area. What is measured by each domain and the basis for its rating is discussed below.

Current Rating

Similarly, if the caretaker has completed the CHI-C more than once, color-coded ratings of the results for the most recent administration are also presented.

Progress Rating

For each domain, the progress rating provides a means of determining whether the child's status has improved (*better*), remained the same (*same*), or deteriorated (*worse*) relative to the child's status at Baseline. The criteria for the change ratings for each domain are presented below. Progress ratings do not appear if the report is for the Baseline assessment.

Strengths

The Strengths scale consists of three items measuring the child's hope about his or her future, ability to cope with problems, and having a strong social support system. Values assigned to the caretaker's responses to each of these items are summed and then converted to a score on a 0–100 scale. The final score represents the percentage of the total possible score that could be obtained on this scale, with higher scores representing more positive indications.

The Dashboard Baseline and Current ratings for the Strengths domain are considered *at or above average* if the caretaker *agrees* or *strongly agrees* that the child is hopeful about the future, can cope with problems, and has a strong support system. If the caretaker *disagrees* or *strongly disagrees* with any one of the three statements, a *below average* rating is given; if either response is given to two or more of these items, a *well below average* rating assigned. The Progress rating is based on whether the Current score is 10 or more points higher (*better)* or 10 or more points lower (*worse)* than the Baseline score. Otherwise, the condition is considered the *same.*

The Strengths score from the Current CHI-C administration is plotted on a 0–100 scale graph in the Strengths section of the report, which appears immediately below the

Dashboard section. This section also presents the dates and scores of the both the Current and Baseline assessments, along with a brief interpretation of the Current score and what it means for the child in comparison to the Baseline score.

Distress Symptoms

The Distress Symptoms domain includes 3 items pertaining to the frequency at which the child felt jittery or restless, had trouble sleeping, and felt irritable or annoyed during the preceding 4 weeks. Values assigned to the caretaker's responses to each of these items are summed and then converted to a score on the 0-100 scale. The final score represents the percentage of the total possible score that could be obtained on this scale, with higher scores representing more positive indications.

The Dashboard Baseline and Current ratings for the Distress Symptoms domain are considered *at* or *above average* if the caretaker indicates that the child felt jittery or restless, had trouble sleeping, and felt irritable or annoyed *a little of the time* or *none of the time.* If the caretaker indicates *all of the time* or *most of the time* regarding the frequency at which the child experiences at least 1 of these three problems, a *well below average* rating is given. In all other cases, a *below average* rating is assigned. The Progress rating is based on whether the Current score is 10 or more points higher (*better)* or 10 or more points lower (*worse)* than the Baseline score. Otherwise, the condition is considered the *same.*

The Distress Symptoms score from the Current CHI-C administration is plotted on a 0–100 scale graph in the Distress Symptoms section of the report that also appears immediately below the Dashboard section. This section also presents the dates and scores of the both the Current and Baseline assessments, along with a brief interpretation of the Current score and what it means for the child in comparison to the Baseline score.

Physical Health

The responses to the five SF-10 items primarily related to physical health contribute to the scoring of the PHS-10, which is represented as the Physical Health domain on the CHI-C. The higher the resulting norm-based score, the more likely that the child is generally in good health; has not been limited in physical or social activities or schoolwork due to physical health problems; and has been experiencing little or no bodily pain or discomfort.

The Dashboard Baseline and Current ratings for the Physical Health domain are considered *at or above average* if the score is less than 3.2 points lower than the norm for the child's age, *below average* if the score is between 3.2 and 6.4 points lower than the norm, and *well below average* if more than 6.4 points lower than the age-based norm. The Progress rating is based on whether the Current score is 5 or more points higher (*better)* or 5 or more points lower (*worse)* than the Baseline score. Otherwise, the condition is considered the *same.*

The Physical Health norm-based score from the Current CHI-C administration is plotted on a graph in the Physical Health Summary section of the report that appears immediately below the Strengths section. The graph indicates the age-appropriate Physical Health (SF-10 PHS-10) norm-group mean score (indicated by a vertical line on the graph) along with the score range representing ±1 standard deviation from the mean score (indicated by the shaded area on the graph). This section also presents the dates and scores of the both the Current and Baseline assessments, along with a brief interpretation of the Current score and what it means for the child in comparison to the Baseline score.

Psychosocial Health

The responses to the five SF-10 items primarily related to psychosocial health contribute to the scoring of the PSS-10, which is represented as the Psychosocial Health domain on the CHI-C. The higher the resulting norm-based score, the more likely that child has not been limited in social activities or schoolwork due to emotional or behavioral problems; has felt satisfied with his or her friendships and with life overall; has displayed generally good or excellent behavior compared to his or her peers; and has acted bothered or upset only a little or none of the time.

The Dashboard Baseline and Current ratings for the Psychosocial Health domain are considered *at or above average* if the score is less than 3.0 points lower than the norm for the child's age, *below average* if the score is between 3.0 and 5.8 points lower than the norm, and *well below average* if more than 5.8 points lower than the age-based norm. The Progress rating is based on whether the Current score is 5 or more points higher (*better)* or 5 or more points lower (*worse)* than the Baseline score. Otherwise, the condition is considered the *same.*
The Psychosocial Health norm-based score from the Current CHI-C administration is plotted on a graph in the Psychosocial Health Summary section of the report that appears immediately below the Distress Symptoms section. The graph indicates the age-appropriate Psychosocial Health (SF-10 PSS-10) norm-group mean score (indicated by a vertical line on the graph) along with the score range representing ±1 standard deviation from the mean score (indicated by the shaded area on the graph). This section also presents the dates and scores of the both the Current and Baseline assessments, along with a brief interpretation of the Current score and what it means for the child in comparison to the Baseline score.

School Absences

This domain consists of two items: days of school missed by the child during the previous 4 weeks, and days of school missed because of his or her health during the previous 4 weeks. These are presented simply as days of school missed without any conversion to a standard score or comparison to a mean score.

The School Absences section of the report presents the assessment dates, number of absences, and number of absences due to health reported for the both the Current and Baseline assessments, along with a brief interpretation of what the Current number of absences due to health means for the child in comparison to the Baseline assessment.

Considerations

The Considerations section of the Provider Report indicates any of four of the measured domains—Strengths, Distress Symptoms, Physical Health, and Psychosocial Health—that have declined since the Baseline assessment. As such, it can suggest areas that the provider may wish to investigate further and/or to shift the focus of treatment through discussions with the caretaker and child.

Summary of Longitudinal Results

The last page of the Provider Report contains graphs presenting the child's scores for up to the last five CHI-C assessments for the following domains: Strengths, Distress Symptoms, Physical Health, and Psychosocial Health. These graphs can help the provider detect trends in changes in the child's status in these areas over the course of treatment.

USING THE PROVIDER REPORT

The CHI-C may be used to support several major clinical activities. First, the CHI-C can be used as a means of promoting *caretaker involvement* in his or her child's treatment, thus *empowering* them to assume responsibility for helping the child deal with both current problems and other difficulties that may arise in the future. Second, it can be used as part of an initial *screening and assessment* of children. Providers may find that one way to validate their clinical impressions is to administer the CHI-C at the time of the intake/admission interview. Third, CHI-C findings that are supported by other sources of information (e.g., data from clinical or caretaker 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. Fourth, its brevity makes it feasible to administer the CHI-C multiple times during treatment in order to objectively *monitor treatment progress.* When combined with other information, CHI-C follow-up data may be used to help determine the appropriateness of continuing the prescribed treatment, the child's readiness to move to another level of care, or whether further treatment is needed. Lastly, the CHI-C 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 child level or, through CHI-C data aggregation, for a group or population.

Caretaker Involvement and Empowerment

Caretaker involvement in the treatment of children with emotional or behavioral problems is critical. Any means of conveying the importance of their input, feedback, and active involvement in the treatment plan from the onset of an episode of care can have a tremendous impact on the outcomes of that care. One way of doing this is by eliciting the caretaker's input regarding the child as part of the initial assessment and on an ongoing basis throughout the course of treatment. Completion of instruments such as the CHI-C is one way the caretaker can provide this input in a meaningful and measureable manner. The CHI-C can serve as a catalyst for empowering the caretaker to become involved in the treatment of the child, and to assume some degree of responsibility for the outcomes of that treatment and for the child's ability to cope with the demands of life going forward.

Screening and Assessment

The brevity of the inventory and the immediate availability of the Provider Report make the CHI-C an ideal tool to include as part of the intake screening and/or assessment process. The domain 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 caretaker, child (depending on his or her age) and/or his or her family, and others involved in his or her support system.

After scoring the CHI-C, providers are encouraged to ask the caretaker and the child about the caretaker's responses in a guided interview type of discussion focusing on strengths and areas of improvement, and then identifying areas for focused attention and building resiliency. This serves not only as a means of clarifying the meaning of the results to the provider, caretaker and child, but also as a therapeutic intervention by itself. This would be accomplished by reviewing the findings presented in the CHI-C report with the caretaker and child, eliciting their reactions to them, and discussing the meaning of the results in terms of the child's treatment goals. This process may be shared with the child's family members or significant others as appropriate and agreed upon by the caretaker and (depending on his or her age) the child.

Planning Treatment

Information from the CHI-C Provider Report, input from the caretaker and (depending on his or her age) the child 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 plan for building resiliency. In addition to findings from other assessment procedures, the results for each of the domains assessed by the CHI-C can have important implications for the treatment of children receiving behavioral healthcare services. Following are treatment-related considerations for scores on each of the CHI-C domains.

Strengths
A *below average* or *well below average* rating on the Strengths domain indicates either the child has few strengths or the caregiver does not recognize them. If the provider determines it is the former, then treatment interventions and goals should take this fact into account. If it is the latter, then the provider may need to assist the caregiver in identifying and reinforcing these strengths. *At or above average* scores indicate that treatment interventions and goals may be designed to build off these strengths, thus assisting treatment planning and efficiency.

Distress Symptoms
A Distress Symptoms domain rating of *below average* or *well below average* should alert the provider to the possibility of the presence of one or more psychological problems that would require further investigation as to their nature and severity. The outcome of this assessment might indicate the need for a specific therapeutic approach and/or evaluation for adjunctive treatment (e.g., medication) as part of the treatment plan.

Physical Health
A *below average* or *well below average* rating should alert the provider to the possibility of physical problems that interfere with the child's ability to perform daily activities or otherwise function well in daily life. Unless the nature of the physical impairment is known to the caretaker or child, or the child is found to be 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.

Psychosocial Health
As with the Physical Health domain, a Psychosocial Health rating of *below average* or *well below average* should alert the provider to the possibility of behavioral or emotional problems that interfere with the child's ability to function well in daily life.

School Absences
The number of school absences due to health may require probing into the nature of the health problems as well as attending to the same considerations as when the Physical Health score is *below average* or *well below average.* When the total number of absences is considerably greater than the number of absences due to health, contact with the child's school should be initiated to (1) explore how the child is functioning in school from multiple perspectives (academic, social, and behavioral) and the types of interventions that have been attempted by the school to change the child's behavior, and (2) provide consultation to school personnel regarding means of integrating treatment efforts with the school's efforts to deal with problematic behavior.

Considerations and Summary of Longitudinal Results
Although the Considerations section is not useful for *initial* treatment planning, , it, along with the graphic Summary of Longitudinal Results and the Dashboard Progress ratings, can be quite useful for treatment monitoring purposes (see below). In particular, the Summary of Longitudinal Results can help the provider to compare the reported effects of treatment at multiple assessment points (i.e., up to the last five assessments) and to detect trends in the child's treatment progress over time.

Monitoring Treatment Progress

Re-administration of the CHI-C during the course of treatment can help determine whether the initial treatment plan continues to be appropriate for the child. The Progress indicators on the Provider Report Dashboard—*better*, *same* or *worse* for the four domains—and the areas of decline listed in the Considerations section of the report can help the provider to quickly determine whether the child is showing the expected improvement. Assessment of change is facilitated by inspection of the First and Current scores indicated in the Strengths, Distress Symptoms, Physical Health Summary, Psychosocial Health Summary, and School Absences sections of the report. In addition, the graphs plotting the last 5 scores for each of the Strengths, Distress Symptoms, Physical Health, and Psychosocial Health domains in the Summary of Longitudinal Results can be used to detect trends over time. Again, the caretaker and (depending on his or her age) child should be involved in the review of the most recent findings. If the CHI-C findings do not indicate the expected improvement, modifications to the treatment plan can be made through discussions with the caretaker and child, followed by re-administration of the CHI-C 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 the CHI-C scores obtained at the initiation of treatment to those obtained at or near the termination of treatment can provide an excellent measure of outcomes for the episode of care. As with treatment monitoring, this is facilitated by the four Progress indicators on the Dashboard and the First and Current scores indicated in the Strengths, Distress Symptoms, Physical Health, Psychosocial Health, and School Absences sections of the Provider Report.

CARETAKER USE OF THE CHI-C

Although the focus of this guide has been on the use and benefits of the CHI-C Provider Report, the Caretaker Report (available in both English and Spanish) is intended to provide value to the caretaker also. For this reason, please encourage caretakers of child behavioral healthcare consumers to complete the CHI-C at the point of treatment initiation and at other key times during the episode of care (see page 4). In addition to the standard administration instructions on page 2, it may be helpful to explain how completing the CHI-C can be another way for the caretaker to become actively involved in the child's treatment by monitoring the child's health and wellness over time. Please encourage the caretaker to keep a copy of their Caretaker Report as it can serve as a record of the point-in-time monitoring and be included as part of the child's personal health record. Overall, this approach may increase the caretaker's involvement in health care planning and monitoring of the child.

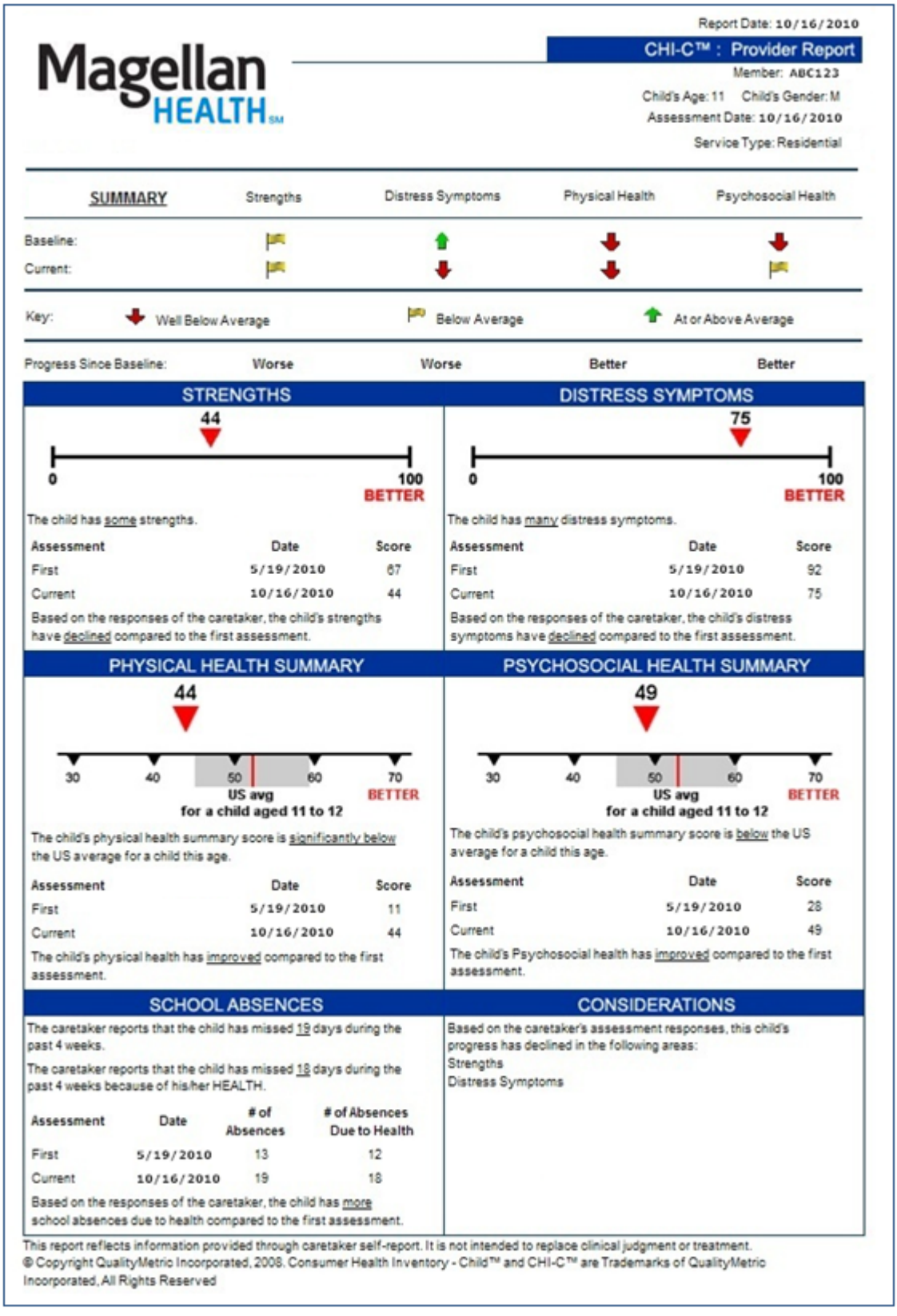
A FINAL NOTE

The CHI-C was designed for providers, children, and their caretakers to use as a point-in-time measure of a child's physical and psychosocial health status. However, one must be mindful that it is only one source of information about the child which, when combined with clinical interview and other information, can assist in screening children and planning, monitoring and assessing the effect of treatment on their health, wellness, and resiliency.

REFERENCE

Saris-Baglama, R.N., DeRosa, M.A., Raczek, A.E., Bjorner, J.B., Turner-Bowker, D.M., & Ware, J.E., Jr. (2007). *The SF-10™ Health Survey for Children: A user's guide*. Lincoln, RI: QualityMetric Incorporated.

PROVIDER REPORT



Report Date: 10/16/2010

Magellan HEALTH℠

CHI-C™ : Provider Report

Member: ABC123
Child's Age: 11 Child's Gender: M
Assessment Date: 10/16/2010
Service Type: Residential

SUMMARY	Strengths	Distress Symptoms	Physical Health	Psychosocial Health
Baseline:	⚑	↑	↓	↓
Current:	⚑	↓	↓	⚑

Key: ↓ Well Below Average ⚑ Below Average ↑ At or Above Average

Progress Since Baseline:	Worse	Worse	Better	Better

STRENGTHS

44

0 — 100 BETTER

The child has some strengths.

Assessment	Date	Score
First	5/19/2010	67
Current	10/16/2010	44

Based on the responses of the caretaker, the child's strengths have declined compared to the first assessment.

DISTRESS SYMPTOMS

75

0 — 100 BETTER

The child has many distress symptoms.

Assessment	Date	Score
First	5/19/2010	92
Current	10/16/2010	75

Based on the responses of the caretaker, the child's distress symptoms have declined compared to the first assessment.

PHYSICAL HEALTH SUMMARY

44

30 — 40 — 50 (US avg) — 60 — 70 BETTER

US avg for a child aged 11 to 12

The child's physical health summary score is significantly below the US average for a child this age.

Assessment	Date	Score
First	5/19/2010	11
Current	10/16/2010	44

The child's physical health has improved compared to the first assessment.

PSYCHOSOCIAL HEALTH SUMMARY

49

30 — 40 — 50 (US avg) — 60 — 70 BETTER

US avg for a child aged 11 to 12

The child's psychosocial health summary score is below the US average for a child this age.

Assessment	Date	Score
First	5/19/2010	28
Current	10/16/2010	49

The child's Psychosocial health has improved compared to the first assessment.

SCHOOL ABSENCES

The caretaker reports that the child has missed 19 days during the past 4 weeks.

The caretaker reports that the child has missed 18 days during the past 4 weeks because of his/her HEALTH.

Assessment	Date	# of Absences	# of Absences Due to Health
First	5/19/2010	13	12
Current	10/16/2010	19	18

Based on the responses of the caretaker, the child has more school absences due to health compared to the first assessment.

CONSIDERATIONS

Based on the caretaker's assessment responses, this child's progress has declined in the following areas:
Strengths
Distress Symptoms

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

Magellan HEALTH℠

Report Date: 10/16/2010

CHI-C™ : Provider Report

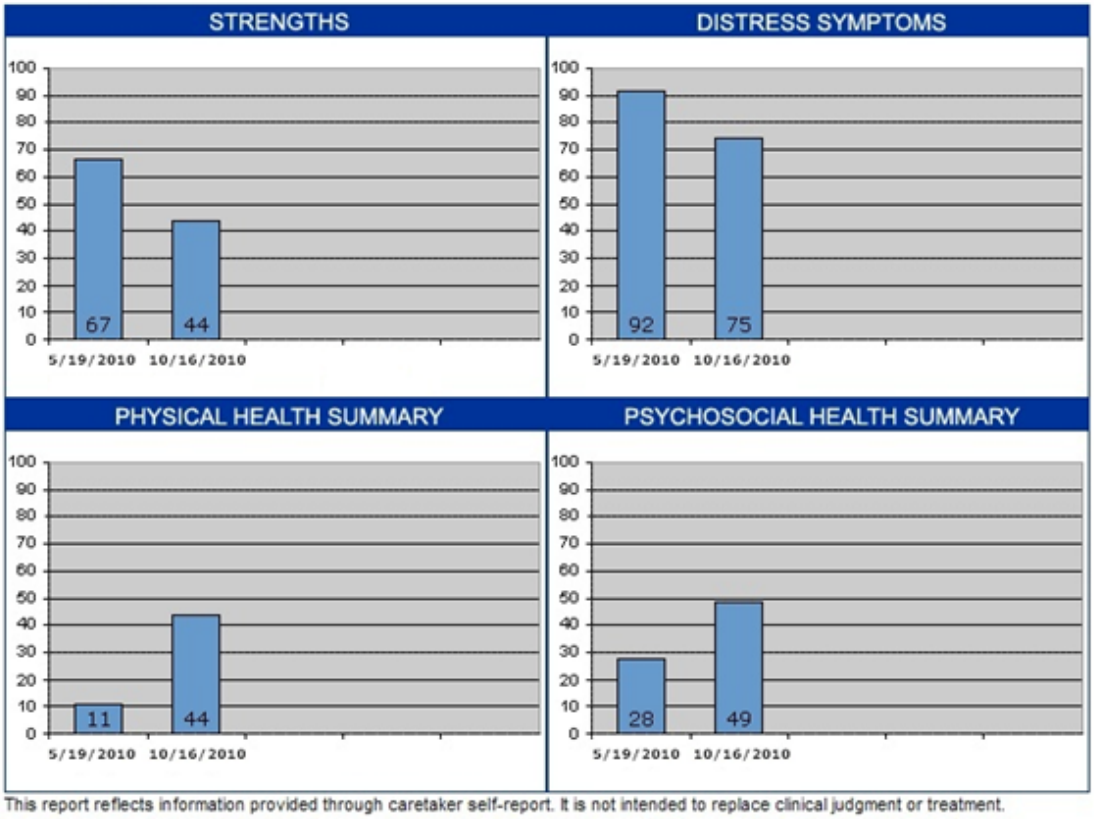
Member: ABC123

Child's Age: 11 Child's Gender: M

Assessment Date: 10/16/2010

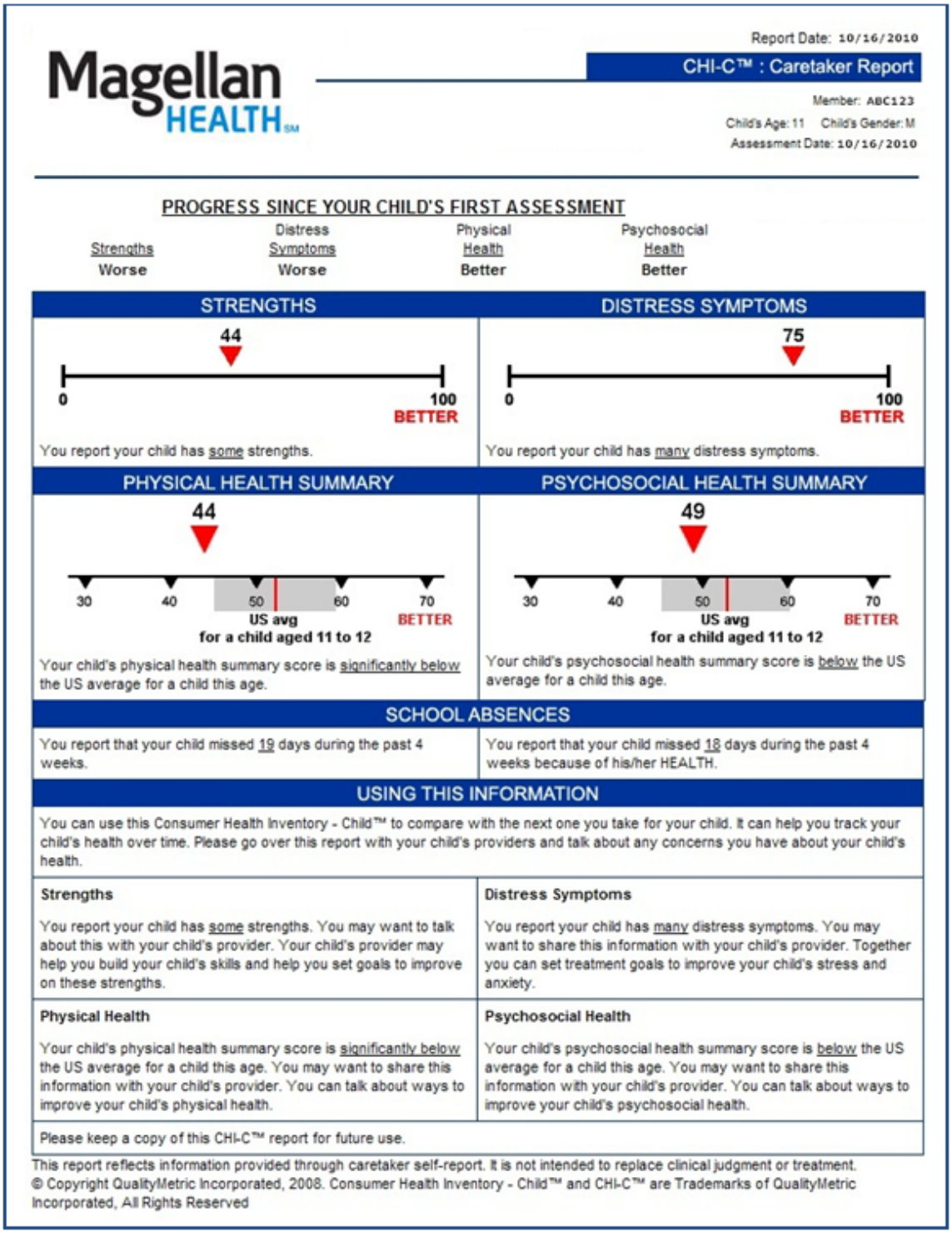
Service Type: Residential

The following graphs portray a history of the member's assessment scores over time.



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

CARETAKER REPORT (ENGLISH)



Magellan HEALTH℠

Report Date: 10/16/2010

CHI-C™ : Caretaker Report

Member: ABC123
Child's Age: 11 Child's Gender: M
Assessment Date: 10/16/2010

PROGRESS SINCE YOUR CHILD'S FIRST ASSESSMENT

Strengths	Distress Symptoms	Physical Health	Psychosocial Health
Worse	Worse	Better	Better

STRENGTHS

44

0 — 100 BETTER

You report your child has some strengths.

DISTRESS SYMPTOMS

75

0 — 100 BETTER

You report your child has many distress symptoms.

PHYSICAL HEALTH SUMMARY

44

30 40 50 60 70 BETTER

US avg for a child aged 11 to 12

Your child's physical health summary score is significantly below the US average for a child this age.

PSYCHOSOCIAL HEALTH SUMMARY

49

30 40 50 60 70 BETTER

US avg for a child aged 11 to 12

Your child's psychosocial health summary score is below the US average for a child this age.

SCHOOL ABSENCES

You report that your child missed 19 days during the past 4 weeks.

You report that your child missed 18 days during the past 4 weeks because of his/her HEALTH.

USING THIS INFORMATION

You can use this Consumer Health Inventory - Child™ to compare with the next one you take for your child. It can help you track your child's health over time. Please go over this report with your child's providers and talk about any concerns you have about your child's health.

Strengths

You report your child has some strengths. You may want to talk about this with your child's provider. Your child's provider may help you build your child's skills and help you set goals to improve on these strengths.

Distress Symptoms

You report your child has many distress symptoms. You may want to share this information with your child's provider. Together you can set treatment goals to improve your child's stress and anxiety.

Physical Health

Your child's physical health summary score is significantly below the US average for a child this age. You may want to share this information with your child's provider. You can talk about ways to improve your child's physical health.

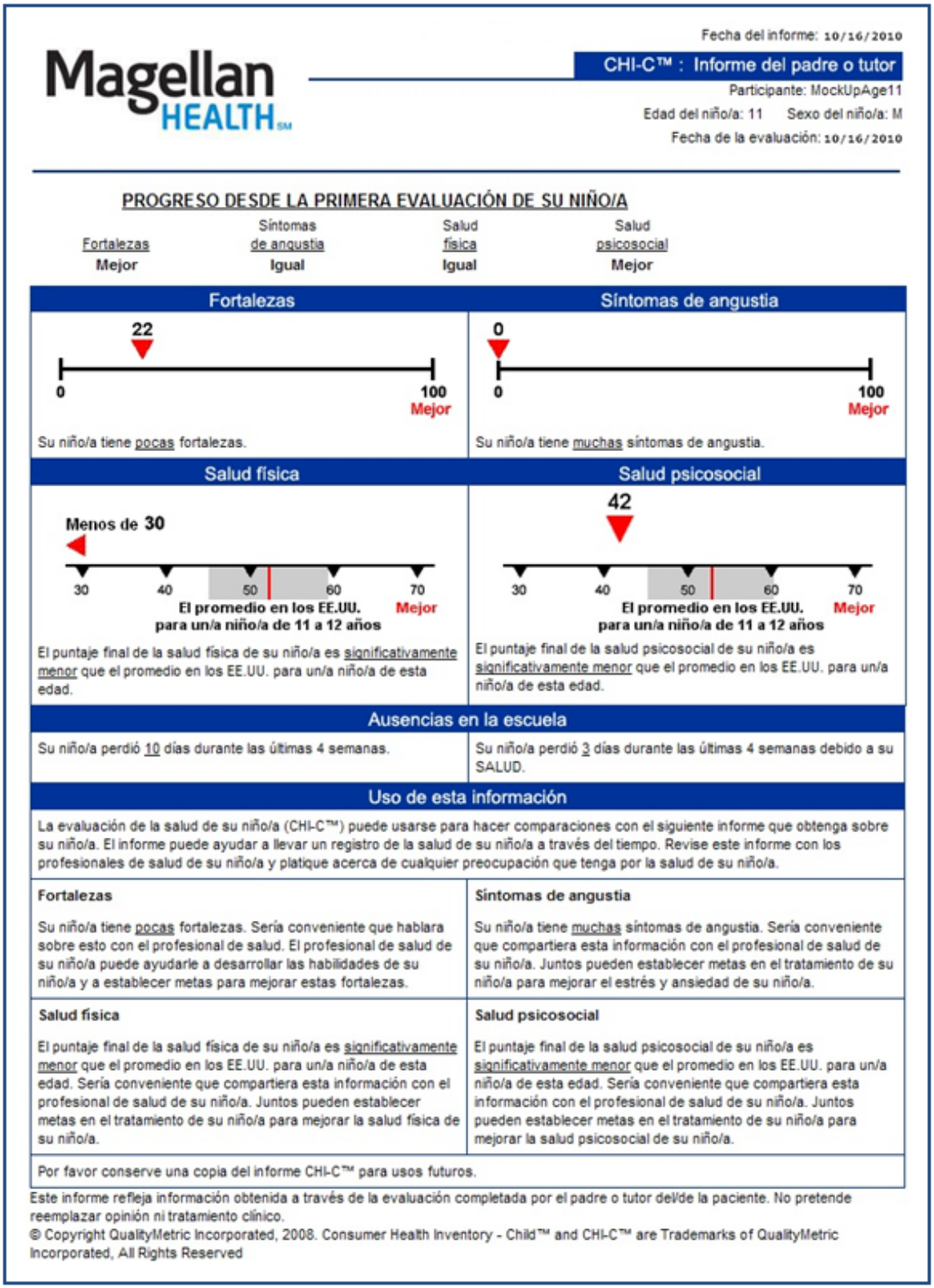
Psychosocial Health

Your child's psychosocial health summary score is below the US average for a child this age. You may want to share this information with your child's provider. You can talk about ways to improve your child's psychosocial health.

Please keep a copy of this CHI-C™ report for future use.

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

CARETAKER REPORT (SPANISH)



Fecha del informe: 10/16/2010

Magellan HEALTH℠

CHI-C™ : Informe del padre o tutor

Participante: MockUpAge11

Edad del niño/a: 11 Sexo del niño/a: M

Fecha de la evaluación: 10/16/2010

PROGRESO DESDE LA PRIMERA EVALUACIÓN DE SU NIÑO/A

Fortalezas	Síntomas de angustia	Salud física	Salud psicosocial
Mejor	Igual	Igual	Mejor

Fortalezas

22 (0 – 100 Mejor)

Su niño/a tiene pocas fortalezas.

Síntomas de angustia

0 (0 – 100 Mejor)

Su niño/a tiene muchas síntomas de angustia.

Salud física

Menos de 30

30 40 50 60 70 Mejor

El promedio en los EE.UU. para un/a niño/a de 11 a 12 años

El puntaje final de la salud física de su niño/a es significativamente menor que el promedio en los EE.UU. para un/a niño/a de esta edad.

Salud psicosocial

42

30 40 50 60 70 Mejor

El promedio en los EE.UU. para un/a niño/a de 11 a 12 años

El puntaje final de la salud psicosocial de su niño/a es significativamente menor que el promedio en los EE.UU. para un/a niño/a de esta edad.

Ausencias en la escuela

Su niño/a perdió 10 días durante las últimas 4 semanas.

Su niño/a perdió 3 días durante las últimas 4 semanas debido a su SALUD.

Uso de esta información

La evaluación de la salud de su niño/a (CHI-C™) puede usarse para hacer comparaciones con el siguiente informe que obtenga sobre su niño/a. El informe puede ayudar a llevar un registro de la salud de su niño/a a través del tiempo. Revise este informe con los profesionales de salud de su niño/a y platique acerca de cualquier preocupación que tenga por la salud de su niño/a.

Fortalezas

Su niño/a tiene pocas fortalezas. Sería conveniente que hablara sobre esto con el profesional de salud. El profesional de salud de su niño/a puede ayudarle a desarrollar las habilidades de su niño/a y a establecer metas para mejorar estas fortalezas.

Síntomas de angustia

Su niño/a tiene muchas síntomas de angustia. Sería conveniente que compartiera esta información con el profesional de salud de su niño/a. Juntos pueden establecer metas en el tratamiento de su niño/a para mejorar el estrés y ansiedad de su niño/a.

Salud física

El puntaje final de la salud física de su niño/a es significativamente menor que el promedio en los EE.UU. para un/a niño/a de esta edad. Sería conveniente que compartiera esta información con el profesional de salud de su niño/a. Juntos pueden establecer metas en el tratamiento de su niño/a para mejorar la salud física de su niño/a.

Salud psicosocial

El puntaje final de la salud psicosocial de su niño/a es significativamente menor que el promedio en los EE.UU. para un/a niño/a de esta edad. Sería conveniente que compartiera esta información con el profesional de salud de su niño/a. Juntos pueden establecer metas en el tratamiento de su niño/a para mejorar la salud psicosocial de su niño/a.

Por favor conserve una copia del informe CHI-C™ para usos futuros.

Este informe refleja información obtenida a través de la evaluación completada por el padre o tutor del/de la paciente. No pretende reemplazar opinión ni tratamiento clínico.

HISTORICAL ASSESSMENT OPTION

Note: Along with the standard Member and Provider reports, the user has an option to also print a historical rendering of the Member's assessments (as depicted below). This will display the first (intake) assessment and the last four assessments administered.

Magellan HEALTH℠

Report Date: 10/16/2010

Historical Member Responses

Member: 18years
Child's Age: 13 Child's Gender: M
Assessment Date: 10/16/2010

Item	1	2	3	4	5
Date Taken (mm/dd/yyyy):	4/11/2008	10/15/2008	6/20/2009	6/19/2010	10/16/2010
1) In general, would you say your child's health is: *Excellent; Very good; Good; Fair; Poor*	Very good	Very good	Very good	Very good	Very good
2) During the past 4 weeks, has your child been limited in any of the following activities due to HEALTH problems?					
a. Doing things that take some energy such as riding a bike or skating? *Yes, limited a lot; Yes, limited some; Yes, limited a little; No, not limited*	Yes, limited some	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot
b. Bending, lifting, or stooping? *Yes, limited a lot; Yes, limited some; Yes, limited a little; No, not limited*	Yes, limited some	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot
3) During the past 4 weeks, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of PHYSICAL health problems? *Yes, limited a lot; Yes, limited some; Yes, limited a little; No, not limited*	Yes, limited some	Yes, limited some	Yes, limited some	Yes, limited some	Yes, limited some
4) During the past 4 weeks, has your child been limited in the KIND of schoolwork or activities with friends he/she could do because of EMOTIONAL or BEHAVIORAL problems? *Yes, limited a lot; Yes, limited some; Yes, limited a little; No, not limited*	Yes, limited some	Yes, limited some	Yes, limited some	Yes, limited some	Yes, limited some
5) During the past 4 weeks, how much bodily pain or discomfort has your child had? *None; Very mild; Mild; Moderate; Severe; Very severe*	Mild	Very mild	Mild	Mild	Mild
6) During the past 4 weeks, how satisfied do you think your child has felt about his/her friendships? *Very satisfied; Somewhat satisfied; Neither satisfied nor dissatisfied; Somewhat dissatisfied; Very dissatisfied*	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Neither satisfied nor dissatisfied
7) During the past 4 weeks, how satisfied do you think your child has felt about his/her life overall? *Very satisfied; Somewhat satisfied; Neither satisfied nor dissatisfied; Somewhat dissatisfied; Very dissatisfied*	Neither satisfied nor dissatisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Somewhat satisfied
8) During the past 4 weeks, how much of the time do you think your child acted bothered or upset? *All of the time; Most of the time; Some of the time; A little of the time; None of the time*	Some of the time	Most of the time	Some of the time	Some of the time	Some of the time
9) Compared to other children your child's age, in general would you say his/her behavior is: *Excellent; Very good; Good; Fair; Poor*	Good	Very good	Very good	Very good	Good
10) During the past 4 weeks, how many days of school did your child miss?	0	0	0	0	0
11) If your child missed one or more days of school during the past 4 weeks, how many of those days were missed because of his/her HEALTH?	0	0	0	0	0
12) How much do you agree or disagree with the following statements:					
a. My child is hopeful about their future. *Strongly disagree; Disagree; Agree; Strongly agree*	Strongly disagree	Strongly disagree	Strongly disagree	Strongly disagree	Strongly agree
b. My child is able to cope with problems. *Strongly disagree; Disagree; Agree; Strongly agree*	Disagree	Strongly disagree	Strongly disagree	Disagree	Strongly disagree
c. My child has a strong social support system *Strongly disagree; Disagree; Agree; Strongly agree*	Disagree	Strongly disagree	Strongly disagree	Strongly disagree	Agree
13) During the past 4 weeks, how much of the time do you think your child					
a. Felt jittery or restless? *All of the time; Most of the time; Some of the time; A little of the time; None of the time*	All of the time	Most of the time	Most of the time	All of the time	A little of the time
b. Had trouble sleeping? *All of the time; Most of the time; Some of the time; A little of the time; None of the time*	All of the time	Most of the time	Most of the time	Most of the time	Some of the time
c. Felt irritable or annoyed *All of the time; Most of the time; Some of the time; A little of the time; None of the time*	All of the time	Most of the time	Most of the time	All of the time	None of the time
14) We would like to ask you some facts about your child.					
Is your child a boy or girl? *Boy; Girl*	Boy	Boy	Boy	Boy	Boy
How old is your child?	4	13	13	13	13

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