



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

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INTRODUCTION

In addition to providing a standardized data collection and measurement process for individuals' 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. 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 others in their support network.

The Consumer Health Inventory Provider Guide is designed to provide background information on the tool and accompanying reports, psychometric properties and suggested clinical uses. It was developed by QualityMetric Incorporated for Magellan Health Services (Magellan) to support individuals in their recovery process. It was constructed with provider and consumer input and is based on the SF-12[®] Health Survey (SF-12[®]). The CHI provides an assessment of an individual's physical and mental health status. It is consumer-centric in that it is used for self-assessment and self-report and is utilized in interactive discussions with a provider in an open and positive environment.

CHI PSYCHOMETRIC PROPERTIES

The CHI can be divided into two sections for the purpose of commenting on its psychometric properties. The first section includes the 12 SF-12 items that were modified for the Magellan Public Sector population. The reliability, validity, and utility of the standard SF-12 and its predecessor, the *SF-12[®] Health Survey*, have been well documented in its technical manual (Ware, Kosinski, Turner-Bowker, & Gandek, 2002) and in almost 1,000 other professional publications as of January, 2008. In developing the CHI, some of the items were modified to make them more understandable and relevant to Public Sector members. These modifications are minor and not considered to have affected the psychometric properties of the two SF-12 composite measures that represent the CHI's Physical Health and Mental Health domains nor the SF-12 Role-Physical and Role-Emotional scale scores that represent the Work-School Participation domain.

The other section of the CHI comprises the remaining inventory items and domains (Strengths, Behavioral Symptoms, Substance Use, and Provider Relationship). 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. They were selected from questions from validated assessment instruments, based on psychometrician and clinical expert review and recommendation. The psychometric properties of these domain measures will be investigated as more data become available.

ADMINISTRATION

Eligibility

The CHI is intended for use with Magellan Public Sector members who are at least 18 years old and reading at the 4th 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 Member

The following script (or a variation appropriately reworded) is suggested for introducing the CHI the first time the individual 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 and 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 members to ask questions or display certain types of behaviors before, during, or after the administration of the survey. Below are several DO's and DON'Ts based on common questions, behaviors, or circumstances during the administration of the CHI that may be encountered and suggestions as to how to respond to them.

CHI Administration Dos and Don'ts

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

When to Re-administer the CHI

Because of the 4-week interval that members must consider in responding to too many of the items, a minimum of 4 weeks should pass between administrations of the CHI.

SCORING AND REPORTING

Scoring of the CHI

Scoring of the CHI takes place after the member has responded to *all* CHI items. The SF-12 Physical Component Summary (PCS) and Mental Component Summary (MCS) measures are scored from the responses to the modified SF-12 items according to the algorithms and the age-by-gender norms found in the SF-12 manual (Ware et al., 2002). The resulting PCS and MCS norm-based scores (NBS; Mean = 50, SD = 10) serve as the CHI Physical Health and Mental Health domain scores, respectively. 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 any of three unique reports that can be generated over the Internet from the Member 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. This report will be discussed in detail in the following section of this document

Member report

The member report is similar to the provider report but does not include some of the information that is available to the provider (e.g., considerations, graphs of longitudinal results).

Management reports

These reports present aggregate data from groups of consumers that have taken the CHI. Data can be aggregated by individuals in treatment with a provider, by agency, level of care and /or the entire population of those taking the CHI during a time period.

UNDERSTANDING THE PROVIDER REPORT

The CHI Provider Report presents a brief yet informative point-in-time snapshot of the individual on several domains that are important for the understanding of his or her physical and behavioral 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 Domain Results

One of the most useful features is the “dashboard” summary of CHI results at the beginning of the report. In an instant, the provider can get a good sense of where the person was at baseline in relation to age and gender appropriate normative data or clinically determined standards; his or her status at the time of most recent CHI administration; and whether the differences between the two sets of scores indicate any change within any measured domain.

Baseline rating

Based on the person’s responses to the CHI at baseline (i.e., first CHI administration), a color-coded rating of *at or above average*, *below average*, or *well below average* is given for each of the 6 domains and 2 substance use measures. *Below average* or *well below average* in an area suggests problems in that area. What is measured by each domain and substance use measure and the basis for its rating is presented below.

Current rating

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

Progress rating

The progress rating provides a means of determining whether clinically important changes on each domain and measure has improved (“better”), remained the same (“same”), or has deteriorated (“worse”) relative to the person’s status at baseline, or whether his or substance use is increasing, decreasing, or the same. The criteria for the change ratings for each domain and measure are presented below.

STRENGTHS

The Strengths scale consists of three items measuring the person’s self-assessed ability to deal with daily problems, confidence in bouncing back from problems, and frequency of making plans to care for his or her physical/mental health. Response values for responses to these items are recoded, 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.

The Dashboard Baseline and Current rating for the Strengths domain is considered *average* if the score is in the 26-74 range, *at or above average* if above that range, and *below average* is below that range. The Progress rating is based on whether the current score is 10 or more points greater (*better*) or 10 or more points less (*worse*) than the baseline score. Otherwise, the condition is considered the *same*.

Behavioral Symptoms

The Behavioral Symptoms domain includes screening items for depression, general anxiety disorder (GAD), and thought disorder. A response to the presence of anxiety or worry, or auditory or visual hallucinations, *all or most of the time* during the past four weeks positive screen for GAD or thought disorder, respectively. A score less than 42 on the Emotional Health domain is considered a positive screen for depression. The 4-point rating on this domain (*none, mild, moderate, severe*) reflects the number of these problems (0-3) for which the person screened positive.

The Dashboard Baseline and Current rating for the Strengths domain is considered *at or above average* if there is no positive screen, *average* if there is only 1 positive screen, and *well below average* if there is more than 1 positive screens. The Progress rating is based on whether there has been a decrease in the number of positive screens (*better*) or an increase in the number of positive screens (*worse*). Otherwise, the condition is considered the *same*.

Self-Evaluated Health Questions

Using a 5-point rating scale, the two items for this domain ask individuals to rate both their physical health and mental health from *much better now* to *much worse now* as compared to 3 months ago. This is a valuable measure of self-evaluated global change in health and wellness. No Progress rating is provided due to the nature of the item.

Physical Health

The responses to all 12 SF-12 items contribute to the scoring of the PCS measure, which is represented on the CHI as the Physical Health domain. The higher the resulting age and gender NBS, the more likely that the person is in general good health, has a high energy level, and has little or no physical limitations, disabilities or decrements in well-being.

The Dashboard Baseline and Current ratings are based on whether the Physical Health score is 5 or more points below the norm for the PCS measure (*below average*), 5 or more points above the age and gender norm for the PCS 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 responses to all SF-12 items contribute to the scoring of the MCS measure, which is represented as the Emotional Health domain on the CHI. The higher the resulting age-and-gender NBS, the more likely that the person experiences good general health, frequent positive affect, and little or no psychological distress or limitations in usual social/role activities due to emotional problems. An Emotional Health score below 42 is considered a positive screen for depression.

As with the Physical Health domain, the Dashboard Baseline and Current ratings are based on whether the Emotional Health score is 5 or more points below the age-and-gender-based norm for the MCS measure (*below average*), 5 or more points above the norm for the MCS 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*.

Work-School Participation

The Work-School Participation domain encompasses two subdomains: Physical Health & Productivity, and Emotional Health & Productivity. The scores for these subdomains represent the age and gender norm-based scores for the SF-12 Role-Physical and Role-Emotional scales, respectively, scored from responses to the SF-12 items. The individual is also asked to indicate the number of days of work or school that were missed due to health during the past 4 weeks. High scores on the Physical Health & Productivity scales indicate little or no problems with work, school, or other daily activities due to physical problems. Similarly, high scores on the Emotional Health & Productivity score indicate no emotional-related limitations in performing work, school, or other daily activities.

The Dashboard Baseline and Current rating for the Work-School Participation domain is considered *at or above average* if the scores for both subdomains are no more than 2 points below the age and gender norm and no missed days are reported; the rating is *well below average* if the score for either subdomain are 5 or more points below the age and gender norm or if 3 or more missed days are reported. All other conditions are considered below average. The Progress rating is based on whether the current scores for *both* Physical Health & Productivity and Emotional Health & Productivity are 5 or more points greater (*better*) or are either score is 5 or more points less (*worse*) than the baseline score. Otherwise, the condition is considered the *same*.

Provider Relationship

Like similarly calculated domain scores, the 0-100 score on the Provider Relationship scale represents the degree to which the person agrees or disagrees that the treatment will be helpful, he or she can cope better with his or her problems, and the provider cares for him or her.

The Dashboard Baseline and Current rating for the Provider relationship domain is considered *average* if the score is in the 26-74 range, *at or above average* if above that range, and *below average* if below that range. The Progress rating is based on whether the current score is 10 or more points greater (*better*) or 10 or more points less (*worse*) than the baseline score. Otherwise, the condition is considered the *same*.

Substance Use

The use of alcohol and nonprescription drugs during the previous 4 weeks is assessed separately using a 6-point frequency rating scale ranging from *every day* to *never*. Individuals are also given the option to indicate that they *prefer not to answer*. They are

also asked to indicate on a 5-point scale (*always to never*) how much alcohol or drugs interfere with their lives. In addition, those indicating use of alcohol 1 or more days a week during this interval are asked to indicate the number of drinks they had on a typical day.

The Dashboard Baseline and Current rating for the Alcohol Use is *some use* if *prefer not to answer* or *1-2 days a week* is given. Less use is considered *little or no use* and more is considered *moderate to heavy use*. For nonprescription Drug Use, *some use* is the rating if *prefer not to answer* or *1-2 days a week* is given whereas more frequent use is considered *moderate to heavy use*. A response of *never* is considered *little or no use*. The Dashboard Progress rating for both alcohol and nonprescription drugs is based on differences in the current assessment from baseline assessment values assigned to the frequency of use during the past 4 weeks (1 = *every day*, 6 = *never*). A positive difference value is indicative of *increasing* use, a negative difference is indicative of *decreasing* use, and a zero difference value indicates the *same* frequency of use.

Considerations

The Considerations section of the Provider Report presents those measured domains or areas of functioning that have declined since the last CHI assessment. As such, it can suggest areas that the provider may wish to investigate further and/or shift the focus of treatment.

Summary of Longitudinal Results

The last page of the Provider Report contains graphs presenting the individual's scores for up to the last 5 CHI assessments for the following domains: Strengths, Provider Relationship, Physical Health, and Emotional Health. These graphs can help the provider detect trends in changes in the individual's status in these areas over the course of treatment.

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 members. 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, and 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 member'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 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 make it an ideal tool to include as part of the intake screening and/or assessment process. The domain and substance use problem 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 individual and/or his or her family and those in his or her recovery support system.

After scoring the CHI, providers are encouraged to ask the consumer 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 means 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 individual, eliciting his or her reactions to them, and discussing the meaning of the results in terms of the individual'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 individual, (b) stimulation of further self-assessment by the individual, and (c) the opportunity to arrive at mutually agreed upon treatment goals. This process may be shared with family members or significant others as appropriate and agreed upon by the individual.

Planning Treatment

Information from CHI Provider Report, input from the individual stemming from the review of the report with him or her, and other assessment information (e.g., other interview information, results from other psychological measures, and 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 individuals seeking behavioral health services.

Strengths

Below average scores on the Strengths domain may indicate that the individual does not have expectations for improvement and may have difficulty benefitting from treatment—issues that may need to be addressed at the very beginning of therapy. At the same time, above average scores may be indicative of high potential for the individual to engage and experience success in treatment.

Behavioral Symptoms

With the single-item screeners for GAD and thought disorder and a multiple-item screener (i.e., Emotional Health) for depression, a Behavioral Symptoms domain score of 1 or higher should alert the provider to the possibility of the presence of one or more

significant psychological disorders 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.

Self-Evaluated Health Questions

In addition to being a measure of treatment progress, this self-evaluation of general physical and mental health status can be used to support or clarify findings from the Physical Health and Emotional Health domains (see below).

Physical Health

Scores in the *below average* range should alert the provider to the possibility of significant physical problems that interfere with the individual's ability to perform daily activities or otherwise function well in daily life. Unless the nature of the physical impairment is known to the individual 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 behavioral health treatment.

Emotional Health

As with the Physical Health domain, Emotional Health scores in the *below average* range should alert the provider to the possibility of significant mental or emotional problems that interfere with the individual's ability to 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.

Work-School Participation

Along with the respective responses to the Self-Evaluated Health Questions, scores on the two subdomains—Physical Health & Productivity and Emotional Health & Productivity—can be used to support or otherwise clarify the nature and extent of the Physical Health and Emotional Health findings, respectively. The number of missed work or school days due to physical or emotional health issues during the previous 4 weeks can serve as a measure of severity and further support making referral for a physical and/or medication evaluation a part of the plan.

Provider Relationship

Similar to the Strengths domain, *below* or *well below average* scores on the Provider Relationship domain may indicate that the individual does not have expectations for improvement, a situation that should be addressed as soon as possible. At the same time, *at or above average* scores may be indicative of high potential for the individual to engage and experience success in treatment. Because of the nature of the items, results from this domain are probably more useful when obtained after treatment has begun; however, findings from the baseline assessment may still be beneficial.

Substance Use

Upon further assessment, a rating of *moderate to heavy use* on either the Alcohol Use and/or Drug Use screens may warrant inclusion of some form of substance abuse treatment as part of the recovery plan.

Monitoring Treatment Progress

Readministration of the CHI during the course of treatment can help determine whether the initial treatment plan continues to be appropriate for the patient. The Progress indicators on the Provider Report Dashboard—*better, same* or *worse* for the 6 domains and *decreasing, same, or increasing* for the substance use measures—and the domains listed in the Considerations section can help the provider to quickly determine whether the individual is showing the expected improvement. Assessment of change is facilitated by inspection of the *First* and *Current* scores indicated in the Strengths, Physical Health, Emotional Health, and Provider Relationship sections of the report. In addition, the graphs plotting the last 5 scores for each of the Strengths, Physical Health, Emotional Health, and Provider Relationship domains can be used to detect trends over time. Again, the individual receiving treatment 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 individual's input, followed by readministration 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 of 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 indicators on the Dashboard and the *First* and *Current* scores indicated in the Strengths, Physical Health, Emotional Health, and Provider Relationship sections of the report.


A FINAL NOTE

The CHI was designed for consumers and providers to use as a point-in-time measure of physical and behavioral health status. However, one must be mindful, it should be used as only one source of information about the individual which, when combined with clinical interview and other information, can assist in screening individuals and planning, monitoring and assessing the outcomes of a consumer's health, wellness and recovery.

REFERENCE

Ware, J. E., Jr., Kosinski, M., Turner-Bowker, D. M., & Gandek, B. (2002). *How to Score Version 2 of the SF-12 Health Survey (with a supplement documenting Version 1)*. Lincoln, RI: QualityMetric Incorporated.

ASSESSMENTS AND REPORTS



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Consumer Health Inventory™

What is your gender? Male **What is your date of birth?** January 1 1977

1. How strongly do you agree or disagree with the following statement:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
I think that I can deal well with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How confident are you about bouncing back from problems?

Extremely <input type="radio"/>	Quite a Lot <input type="radio"/>	Somewhat <input type="radio"/>	Little <input type="radio"/>	Not at All <input type="radio"/>
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3. During the past 4 weeks, how often have you made and followed a plan to take care of your physical or mental health?

Always <input type="radio"/>	Often <input type="radio"/>	Sometimes <input type="radio"/>	Rarely <input type="radio"/>	Never <input type="radio"/>
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4. In general, would you say your health is:

Excellent <input type="radio"/>	Very Good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
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5. 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"/>

6. During the past 4 weeks, how much of the time have you had the following problems with your work or other activities because of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Achieved less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other activities because of your mental health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Achieved less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were less careful than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. During the past 4 weeks, how much did pain interfere with your daily activities?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. 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 of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you have a lot of energy?	<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"/>

10. During the past 4 weeks, how much of the time has your health been a problem with such things as seeing friends or family?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Compared to 3 months ago, how would you rate your physical health in general now?

Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Compared to 3 months ago, how would you rate your mental health in general now?

Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How many days have you missed from work, school or other regular activities in the past 4 weeks due to your health?

15. During the past 4 weeks, about how often did you drink alcohol?

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. If you answered "1 or more" days a week in Question 15, how many drinks of alcohol did you drink on a typical day?

8 or more drinks	6 - 7 drinks	4 - 5 drinks	3 drinks	2 drinks	1 drink	0 drinks	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. During the past 4 weeks, about how often did you use drugs other than those prescribed?

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If you use alcohol or drugs (other than those prescribed), how much does it interfere with your life?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. During the past 4 weeks, how much of the time have you heard or seen things that other people don't?

All of the time	Most of the time	Some of the time	A little of the time	None of the time	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. During the past 4 weeks, how much of the time have you been anxious or worried?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How much do you agree or disagree with the following statement:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
I am hopeful that treatment/therapy can help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22.If you are currently in treatment/therapy, please answer the following questions:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
a. I feel my provider is caring and has concern for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I believe that I can better cope with my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The problem that I came in for treatment/therapy for is better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the Consumer Health Inventory™


[Click here for your Report](#)

Please click here if you do not want to share the results of this assessment with your provider.

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Progress

If you need help, please call 1-800-572-9394. Say that you are trying to take the Magellan CHI™ and we will help you.



MAGELLAN
HEALTH SERVICES
Getting Better All the Time™

Report Date: 5/30/2008
Consumer Health Inventory™ Member Report
 Member: public87
 Age: 19 Gender: F
 Assessment Date: 5/30/2008

Global Score: 38
 The global score represents your general well-being. Look below to see the progress made in each health area.


[Print this report](#)

Progress since your first assessment

Strengths	Behavioral Symptoms	Physical Health	Emotional Health	Work - School Participation	Provider Relationship	Alcohol Use	Drug Use (non-prescribed)
Worse	Worse	Worse	Worse	Worse	Worse	Increasing	Increasing


STRENGTHS

67



Your coping is average.


BEHAVIORAL SYMPTOMS



You are having moderate mental health symptoms.

PHYSICAL HEALTH


52



US Average for same Gender & Age Range: 53.11
 Your score is average. The score is compared to someone like you from the US Population.

EMOTIONAL HEALTH

less than 30




US Average for same Gender & Age Range: 44.99
 Your score is below average. The score is compared to someone like you from the US Population.

WORK - SCHOOL PARTICIPATION

The number of days missed from work, school or other pursuits in the past 4 weeks due to your health: 7

Physical Health & Productivity


48



Your physical health has about the same negative impact on your ability to get things done. The score is compared to someone like you from the US population.

SUBSTANCE USE


Amount that substance use interferes with your life:



Alcohol

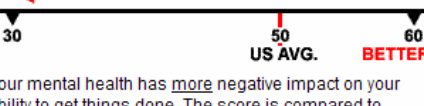
- Alcohol use in the past 4 weeks was: 1 - 2 days a week
- Daily quantity of alcohol in the past 4 weeks was: 1 drink

Since your first assessment, your alcohol use is:



Emotional Health & Productivity

less than 30




Your mental health has more negative impact on your ability to get things done. The score is compared to someone like you from the US population.

Drugs

- Drug use (other than those your doctor asked you to take) in the past 4 weeks was: 1 - 2 days a week

Since your first review, your drug use (other than those your doctor asked you to take) is:




SELF-EVALUATED HEALTH QUESTIONS

Compared to 3 months ago, you rated your **physical health** in general as: Somewhat better now


Compared to 3 months ago, you rated your **mental health** in general as: Much better now

PROVIDER RELATIONSHIP

67



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



MAGELLAN
HEALTH SERVICES
Getting Better All the Time

Report Date: 4/29/2008
Consumer Health Inventory™ Provider Report
 Member: public87
 Age: 18 Gender: F
 Assessment Date: 6/11/2007
 Service Type: Outpatient Therapy

Global Score: 75
 The global score represents the consumer's general well-being. Look below to see the progress made in each health area.

SUMMARY

	Strengths	Behavioral Symptoms	Physical Health	Emotional Health	Work - School Participation	Provider Relationship	Alcohol Use	Drug Use (non-prescribed)
Baseline:	↑	↑	↑	↑	↑	↑	↑	↑
Current:	↓	↓	↑	↑	↓	↑	↓	↓
Progress:	Worse	Worse	Worse	Worse	Worse	Worse	Increasing	Increasing

Key: ↑ At or Above Average ↓ Well Below Average ↓ Moderate to heavy use
 ↓ Little or No Use ↓ Some use

WORK - SCHOOL PARTICIPATION

The number of days missed from work/school or regularly scheduled activities in the past 4 weeks due to health-related problems: 23

Physical Health & Productivity

30 ————— 50 ————— 60
 US AVG. **BETTER**

The member's physical health has about the same adverse impact on productivity compared to a person of the same age and gender from the US General Population.

Emotional Health & Productivity

30 ————— 50 ————— 60
 US AVG. **BETTER**

The member's emotional health has more adverse impact on productivity compared to a person of the same age and gender from the US General Population.

PROVIDER RELATIONSHIP

50

0 ————— 100

Assessment	Date	Score
First	6/11/2007	100
Current	6/11/2007	50

CONSIDERATIONS

The member's progress is declining in the following areas:

- Strengths
- Behavioral Symptoms
- Physical Health
- Emotional Health
- Work School Participation
- Provider-Relationship
- Alcohol Use
- Drug Use (non-prescribed)

Treatment planning may benefit from focus on these areas.

SUBSTANCE USE

Alcohol

- Alcohol use in the past 4 weeks was: 3 - 4 days a week
- Daily quantity of alcohol in the past 4 weeks was: 3 drinks

Since the member's first assessment, alcohol use is:

Decreasing Same **Increasing**

Drugs

- Drug use (other than those prescribed) in the past four weeks was 3 - 4 days a week.

Since the member's first assessment, drug use (other than those prescribed) is:

Decreasing Same **Increasing**

Amount that substance use interferes with the member's life:

Always Often **Sometimes** Rarely Never

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

Previous Next Close



Report Date: 5/30/2008

Consumer Health Inventory™ Provider Report

Member: public87

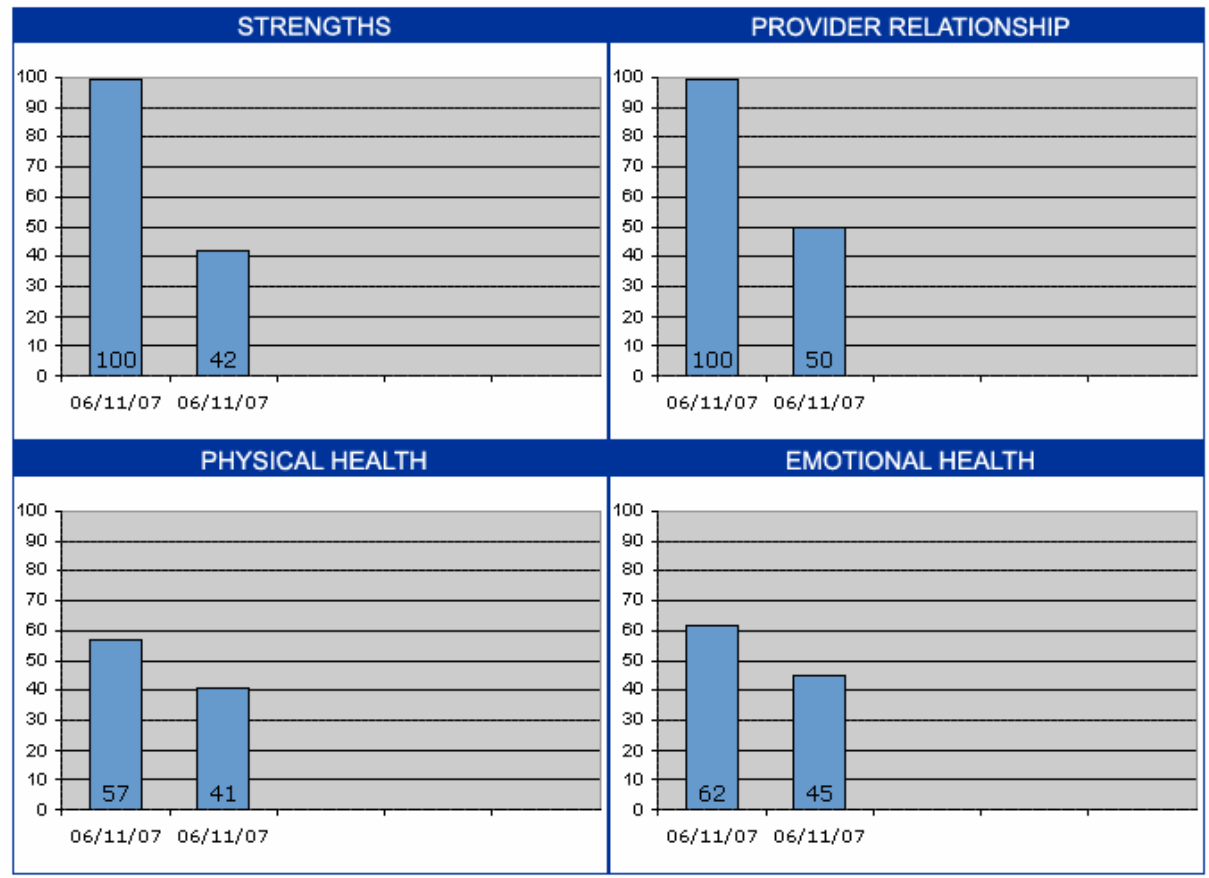
Age: 18 Gender: F

Assessment Date: 6/11/2007

Service Type: Outpatient Therapy



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



Previous Close