Dear Patient,

Our clinic is testing a new tool called the "Patient Health Update". We want to see if the "Patient Health Update" will help us learn about your health needs and respond to your needs. Please take a few minutes to answer the following questions. Your answers are private. _Only your health provider will know your answers_. Please tell the receptionist if you need help or if you are unable to answer the questions at this time.

Thank you for your cooperation!

XX Clinic

Patient Health Update

Check the box next to your answer.

ID# ☐ ☐ ☐ ☐ ☐

Q1. Over the past _7 days_:

a. How many times did you eat **fast food meals** or **snacks**?

less than 1 time ☒   1-3 times ☐   4 or more times ☐

b. How many servings of _fruits/vegetables_ did you eat each day?

5 or more ☐   3-4 times ☒   2 or less ☐

c. How many **soda** and **sugar sweetened drinks** (regular, not diet) did you drink each day?

Less than 1 ☒   1-2 times ☐   3 or more ☐

Q2. Over the past **7 days**:

a. How many days did you get **moderate to strenuous** exercise, like a brisk walk?

0 ☐   1 ☐   2 ☒   3 ☐   4 ☐   5 ☐   6 ☐   7 ☐

b. On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise at this level?*

☐ | 4 | 5 | minutes

Q3. Please choose the number (0-10) that best describes **how much stress** you have been experiencing in the last **7 days**.

0 ☐   1 ☐   2 ☐   3 ☐   4 ☐   5 ☒   6 ☐   7 ☐   8 ☐   9 ☐   10 ☐

Extreme Stress

No Stress

1½
Q4. What is your weight? _210 lbs_

What is your height _5 ft 6 inches_

(BMI = 33.9)

Q4. Over the past **2 weeks**, how often have you been bothered by these problems

a. Feeling nervous, anxious, or on edge

Not at all	Several Days	More days than not	Nearly every day
☐	☒	☐	☐
(0)	(1)	(2)	(3)

b. Not being able to stop or control worrying

Not at all	Several days	More days than not	Nearly every day
☐	☒	☐	☐
(0)	(1)	(2)	(3)

c. Feeling down, depressed, or hopeless

Not at all	Several Days	More days than not	Nearly every day
☒	☐	☐	☐
(0)	(1)	(2)	(3)

d. Little interest or pleasure in doing things

Not at all	Several Days	More days than not	Nearly every day
☒	☐	☐	☐
(0)	(1)	(2)	(3)

Q5. a. Do you *snore* or has anyone told you that you snore?   ☒ Yes   ☐ No

b. In the past **7 days**, how often were you *sleepy during the daytime*:

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☒	☐

Q6. Have you *used tobacco* in the last **30 days**?

a. Smoked
☐ Yes   ☒ No

b. Used a Smokeless Tobacco
☐ Yes   ☒ No

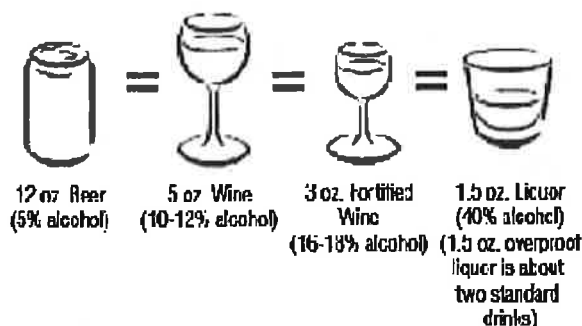**Q7.** How many times in the **past year** have you had 4-5 or more drinks in a day?

Never	1 -3 times	4 or more times
☐	☐	☒

12 oz Beer (5% alcohol) = 5 oz Wine (10-12% alcohol) = 3 oz. fortified Wine (16-18% alcohol) = 1.5 oz. Licuor (40% alcohol) (1.5 oz. overproof liquor is about two standard drinks)

Q8. How many times in the past year have you used an *illegal drug or used a prescription medication* for non-medical reasons?

Never ☒   1-3 times ☐   4 or more times ☐

Q9. In general, would you say your health is:

Excellent ☐   Very Good ☒   Good ☐   Fair ☐   Poor ☐

Basic Information

Q10. What year were you born?   1 9 7 8

Q11. What is your sex?   ☐ Male   ☒ Female

Q12. Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

☐ No, not of Hispanic, Latino/a, or Spanish origin

☐ Yes, Mexican, Mexican American, Chicano/a

☒ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, Another HIspanic, Latino/a, or Spanish origin

Q13. What is your race? (One or more categories may be selected)

☐ White   ☐ Korean
☒ Black or African American   ☐ Vietnamese
☐ American Indian or Alaska Native   ☐ Other Asian
☐ Asian Indian   ☐ Native Hawaiian
☐ Chinese   ☐ Guamanian or Chamorro
☐ Filipino   ☐ Samoan
☐ Japanese   ☐ Other Pacific Islander

Q14. In which country were you born?   Puerto Rico

Q15. How well do you speak English?

Very Well ☐   Well ☒   Not well ☐   Not at all ☐

ID# ☐☐☐☐☐

Q16. What language do you feel most comfortable speaking with your doctor or nurse?

Spanish

Q17. Do you need an interpreter to communicate with your doctor or nurse?

☐ Yes   ☒ No   ☐ Sometimes

Q18. Are you: (select all that apply)

☐ Employed full-time

☐ Employed part-time

☒ Unemployed

☐ Homemaker

☐ Student

☐ Disabled

☐ Retired

☐ Other(specify)_____

Q19. Are you:

☐ Married   ☒ Divorced   ☐ Separated

☐ Living as married   ☐ Widowed   ☐ Single, never been married

Q20. What is the highest level of schooling that you completed?

☐ Less than high school graduate   ☐ Associates degree or technical training

☒ High school graduate or GED   ☐ 4 year college degree

☐ Some college   ☐ Graduate work or degree

Q21. Did you ever serve on active duty in the armed forces of the U.S.?

☐ Yes   ☒ No

Category			Potential next steps	
Sleep (Q5, a-b)	Yes to snoring OR Sleepy often/always	If yes to BOTH AND OBESE	**Potential next steps:** • If overweight and positive for snoring, assess for sleep apnea and treat if needed; advise weight loss. • If positive for "always sleepy" ask patient about perceived sleep quality and potential contributors (e.g. life stressors).	• Untreated sleep disorders can negatively impact a patient's quality of life. • Sleeping problems are often associated with overweight and obese patients. • Effective treatments are available for sleep apnea. • Referral to sleep studies may be appropriate.
Smoking/ Tobacco Use (Q6, a-b)		Yes to Smoking OR Smokeless tobacco	**Potential next steps:** Consider **5 As** for smoking cessation: • **Assess:** Follow-up questions about cigarettes per day, etc. • **Advice:** Strongly urge patient to consider quitting. • **Assist:** Ask if they are willing to try quitting now? Prescribe cessation aids; refer to quit-line; etc. • **Arrange: Follow-up** with patient within 2 weeks to provide additional assistance and support.	• Stopping smoking is the single most important thing patient can do for his/her health. • The vast majority of current smokers want to quit. • Brief counseling by health providers increases quit attempts and improves the likelihood of cessation. o Better when additional assistance to quit is provided (cessation aids, quit-line, etc.)
Risky drinking (Q7)	binge drinking 1+ times 5+ drinks (men) 4+ (women)	binge drinking 2+ times 5+ drinks (men) 4+ (women)	**Potential next steps:** • Screen for risk using the AUDIT.* • Is this something you are interested in working on? (consider FRAMES* model for brief intervention) • If high risk, refer patient to specialty care.	• Alcohol use is 1 of the top 3 causes of premature morbidity and mortality in the U.S. • 5 minutes of personalized feedback about a patient's risk for alcohol-related problems has been shown to reduce heavy drinking. • Case-management help for high risk patients increases the chances they will follow through.
Substance Use (Q8)	used illegal drug/ Rx misuse 1+ times	2+ times	**Potential next steps:** • Screen for risk using the DAST*. • Is this something you are interested in working on? (FRAMES* model for brief intervention) • If high risk, refer patient to specialty care.	• Brief interventions with patients who use heroin, cocaine, amphetamines, and/or cannabis may be beneficial. • Case-management help for high risk patients increases the chances they will follow through
Perceived Health (Q9)	fair	poor	**Follow-up question:** • What would you say is the thing most limiting your health status?	• Asking a patient about their health status may yield information not revealed by objective testing. • There is often a discrepancy between a patient's perceived health and a provider's assessment.

*Notes:

SMART= Goals that are Specific, Measureable, Attainable, Realistic, and Timely

PHQ= Patient Health Questionnaire, 9-item depression screening tool

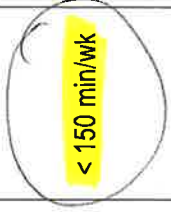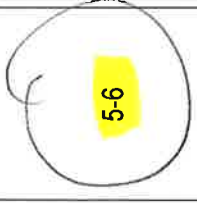AUDIT= Alcohol Use Disorders Identification Test, 10-item screening tool

FRAMES= Brief intervention model consisting of the following elements: Feedback, Responsibility, Advice, Menu of Options, Empathy & Self-Efficacy

DAST= Drug Abuse Screening Test, 10-item screening tool

$$BMI = \frac{lbs}{(height\ in\ inches)^2} \times 703$$

Under weight → < 18.5
Normal 18.5 – 25
Overweight 25 – 30
Obese > 30

Suggested Provider Guidance in response to "Patient Health Update" Results

	Possibly Follow-up	Definitely Follow-up	Suggested Follow-up	Rationale/Evidence for Assessment

Diet (Q1. A-c)	Fast food (4 times/wk) **OR** Fruits & Veg. (<5/day)	Fast food (5+ times/wk) **OR** Fruits & Veg. (<3 /day) **OR** Soda/Sweet Tea (daily)	**Follow-up questions:**
			• Is your (eating/physical activity) something you would be interested in working on?
			• Would you like to set a goal to…
			  o increase fruits and vegetables consumption?
			  o decrease fast food/soda consumption?
			  o increase/decrease physical activity?
			    ▪ If YES, set SMART* goal
			Potential next steps:
			• Briefly counsel patient about benefits of a healthy diet & physical activity.
			• Suggest improvements based on patient's results and disease diagnoses.
				• Inactivity and poor diet can have a negative influence on health.
				  o Worse for patients with chronic disease(s) and/or other risk factors.
				• Brief counseling by health providers can improve patient diet and physical activity.
				• Intensive counseling by health providers can improve eating behaviors in patients with chronic disease (e.g. hyperlipidemia).

Physical activity (Q2.a-b)	< 150 min/wk	<90 min/wk	**Potential referral (w/2 week follow-up):** • If chronic disease diagnoses, consider referral to in-house or community nutrition/physical activity resources. • If overweight/obese, consider referral to local community program.	
Stress (Q3)	5-6	7-10	**Follow-up question:** • Is your stress level something you would be interested in working on? **NOTE:** • If also diagnosed as high on depression or anxiety - give priority to THOSE issues.	• Patients may feel more comfortable admitting to high levels of stress than to anxiety & depression. • Patients with high levels of stress can develop physical symptoms and may seek medical care for the symptoms rather than for stress. • Helping patients identify their stress level can assist them to plan ways to ease their discomfort.

Anxiety (Q4. a-b)		4 or higher	**Follow-up Assessment and Questions:**
			• If patient scores 4 or higher on the 2 **anxiety** questions, administer the additional PHQ* items.
			• If patient scores 4 or higher on the 2 **depression** questions, administer the additional PHQ items.
			• It may be in your best interest for us to work on this together. Do you agree?
			Potential next steps:
			• Discuss option and preference for cognitive behavioral treatment, medication, or both.
			• Consider referring to in-house or community specialty services (depending on current clinic practices).
				• Anxiety and depression are common and debilitating disorders, but only a minority of patients is correctly diagnosed in primary care.
				  o 90-95% of patients who are diagnosed are treated solely in primary care.
				  o The PHQ screening instrument used is effective in detecting anxiety and depression.
				• A combination of cognitive behavior therapy and pharmacotherapy medication has been shown to be effective in treating anxiety and depression.

Depression (Q4. c-d)		4 or higher		

Weight Range Table. Height in Inches (in) and Weight in Pounds (lb).

$$BMI = (lb/in^2) \times 703.06958$$

Category	56 in	58 in	60 in	62 in	64 in	66 in	68 in	70 in	72 in	74 in	76 in	78 in
Very Severely Obese	Above 178.3	Above 191.3	Above 204.7	Above 218.6	Above 233	Above 247.7	Above 263	Above 278.7	Above 294.8	Above 311.5	Above 328.5	Above 346
Severely Obese	156.1 - 178.3	167.5 - 191.3	179.2 - 204.7	191.4 - 218.6	203.9 - 233	216.9 - 247.7	230.2 - 263	243.9 - 278.7	258.1 - 294.8	272.6 - 311.5	287.5 - 328.5	302.9 - 346
Moderately Obese	133.8 - 156	143.6 - 167.4	153.6 - 179.1	164 - 191.3	174.8 - 203.8	185.9 - 216.8	197.3 - 230.1	209.1 - 243.8	221.2 - 258	233,70 - 272.5	246.5 - 278.4	259.6 - 302.8
Overweight	111.5 - 133.7	119.6 - 143.5	128 - 153.5	136.7 - 163.9	145.7 - 174.7	154.9 - 185.8	164.4 - 197.2	174.3 - 209	184.3 - 221.1	194.7 - 233.6	205.4 - 246.4	216.3 - 259.5
Normal	87.5 - 111.4	88.5 - 199.5	94.8 - 127.9	101.2 - 136.6	107.8 - 145.6	114.6 - 154.8	121.7 - 164.3	128.9 - 174.2	136.4 - 184.2	144.1 - 194.6	152 - 205.3	160.1 - 216.2
Underweight	71.4 - 82.4	76.6 - 88.4	82 - 94.7	87.5 - 101.1	93.2 - 107.7	99.2 - 114.5	105.2 - 121.6	111.5 - 128.8	118 - 136.3	124.6 - 144	131.5 - 151.9	138.5 - 160
Severely Underweight	66.9 - 71.3	71.8 - 76.5	76.8 - 81.9	82 - 87.4	87.4 - 93.1	93 - 99.1	98.7 - 105.1	104.6 - 111.4	110.6 - 117.9	116.8 - 124.5	123.3 - 131.4	129.8 - 138.4
Very Severely Underweight	Below 66.9	Below 71.8	Below 76.8	Below 82	Below 87.4	Below 93	Below 98.7	Below 104.6	Below 110.6	Below 124.5	Below 131.4	Below 129.8

The U.S. National Health and Nutrition Examination Survey of 1994 indicated that 59% of American men and 49% of women had BMIs over 25. Morbid obesity—a BMI of 40 or more—was found in 2% of the men and 4% of the women. The newest survey in 2007 indicates a continuation of the increase in BMI: 63% of Americans are overweight or obese, with 26% now in the obese category (a BMI of 30 or more). There are differing opinions on the threshold for being underweight in females; doctors quote anything from 18.5 to 20 as being the lowest weight, the most frequently stated being 19. A BMI nearing 15 is usually used as an indicator for

Dear Sandy,

Thank you for filling out the questionnaire. Here is a summary of your results and some suggestions for topics to cover with your health care provider.

Summary (please check for accuracy):

- **Diet:** Your diet answers show that you are careful about your diet (less than 1 fast food meal or snack last week, 3-4 fruits/vegetables per day, and less than 1 soda/sugar sweetened drink per day).

- **Weight:** You reported a weight of 210 lbs and a height of 5'6". This puts your Body Mass Index (BMI) at 33.9 which is classified as moderately obese. You would need to weight between 155 and 186 lbs to be considered merely obese, and for an ideal weight you should be between 115 and 155 lbs.

- **Exercise:** You report getting about 45 minutes of exercise twice a week. It would be helpful to increase that. Our goal for you is at least a total of 150 minutes of exercise per week total.

- **Stress:** You report having a moderate amount of stress – a score of 5 on a scale from 0 to 10.

- **Anxiety:** You reported feeling nervous, anxious or on edge for several days over the past 2 weeks, and similarly not being able to stop or control worrying for several days over the past 2 weeks.

- **Depression:** You reported that you did not feel down, depressed or hopeless or had little interest or pleasure in doing things over the past 2 weeks.

- **Sleep:** You mentioned that you do snore and that you often felt sleepy during the daytime in the past week.

- **Tobacco:** You reported that you do not use tobacco. Congratulations. That is one of the best things you can do for your health.

- **Alcohol:** You reported that you have had more than 4 drinks a day 4 or more times over the past year. Our goal for you is no more than X drinks with alcohol per day and less than Y total per week.

- **Drug Use:** You reported that you did not use illegal drugs or prescription medication for non-medical reasons.

- **General Health:** You said that in general your health was very good.

Recommendations for Topics to Discuss with Your Health Care Provider:

Your health care provider would like to work with you on improving your health. Please consider the following topics as you have a discussion about your health issues on your next visit:

- **Alcohol:** Your level of drinking alcohol indicates binge drinking (more than 4 drinks a day 4 or more times over the past year). Our goal for you is no more than X drinks with alcohol per day and less than Y total per week.

- **Weight:** Your weight puts you at high risk for health problems (210 lbs and a BMI of 33.9 which is classified as moderately obese). We would like to see you be able to reduce that significantly.

- **Stress:** You may want to talk with your health care provider about techniques to reduce stress.

- **Sleep:** You mentioned that you do snore and that you often felt sleepy during the daytime in the past week. Consider talking with your health care provider about treatments for sleep issues.