



Center for Evaluating
Patient Centered Care in VA

The Personal Health Inventory: An Analysis of Veteran Responses

White Paper

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I. Introduction

The Personal Health Inventory (PHI) was designed by the VA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) for Veterans to use with their clinicians to help establish personal health plans. It consists of a series of closed and open-ended questions that encourage Veterans to reflect on the multiple facets of health outlined in the Circle of Health and Well-Being.

The primary aim of this white paper is to examine how Veterans reply to the open-ended questions on the PHI. How do Veterans interpret these questions, what facets do they identify as important, and what types of strategies do they propose to address areas of concern?

We conducted a qualitative content analysis of patients' written responses to each of the 17 questions in version XIX of the PHI that had been piloted at two medical VA medical centers. Version XIX of the PHI can be found in the Appendix. Using a collaborative qualitative analytic process, three investigators identified key words or phrases (codes) that succinctly described the answers to the 17 PHI question items that require written responses. We used an iterative approach to developing the set of codes and then applied these codes to 30 PHIs, filled out by Veterans in primary care at the 2 VAMCs. This report outlines key content in the responses to each of the PHI questions.

We also established a codebook to be used in future coding of the open-ended responses on the PHI. This codebook was delivered to OPCC&CT (June 18, 2013) for use in evaluating PHI use at 8 pilot sites. The codebook was then applied to 100 PHIs filled out at the East Orange New Jersey VAMC. Frequencies of codes used throughout the PHI were calculated and are reported.

It is notable that each medical center used a different mode of administration of the PHI. At one, the PHI was given to Veterans on paper to fill out independently. This was then to be shared with their healthcare provider at a future appointment. At the second site, the PHI had become integrated into the system of care and into CPRS. The patient was asked to come to the appointment early and began the process with an LPN who asked the patient a set of questions. The LPN recorded the patient's responses into CPRS, focusing mostly on those questions in section 1, and on acquiring numbers for the current state questions in section 2. This information was then shared with an RN who used the information to select, with the patient, one or two sections to focus on, and then set a personal health goal (a SMART goal) with the patient. The analysis we present below discusses some of these differences in mode and in the questions asked.

II. Overview

The following describes the three different sections of the PHI. We begin by providing an overview of the section and key categories and examples derived from our coding. Importantly, in the sections below we discuss where differences occurred in the paper version of the PHI or the electronic version implemented within CPRS (hereafter called, "CPRS version"), as questions were slightly altered for the CPRS version. We note that this difference in approach can impact Veterans' responses. Additionally, for the sake of brevity, the categories described below do not include frequencies or descriptions of the categories identified as "nothing," "other," "don't know," "no answer/blank," or "unclear/illegible," unless these represent unique responses to the PHI question posed.

III. Personal Health Inventory Section One: Life, Well-Being and Optimal Health

Questions 1-4 of the PHI asks Veterans to consider their health in relation to their overall life, general well-being and activities related to optimal health. The questions enable Veterans to consider their personal health more broadly, and put health into the context of their current life and relationships, but also to consider their future health goals in life. The first four questions are: (1) “What REALLY matters to you in your life?”; (2) “What brings you a sense of joy and happiness?”; (3) “What brings you a sense of sadness or sorrow?”; and (4) “What is your vision of your best possible health?” with the follow-up prompts, “How would you like to feel and look?” and “What activities would you like to be able to do?”

Effect of Differences in PHI Administration:

We noted two important differences between the paper and CPRS versions of the PHI related to Questions 2 & 3. The question “What brings you a sense of joy and happiness?” was used differently in the two versions. In the paper version, this question stood alone as Question 2, however in the CPRS version it was a follow-up to the broader question, “What really matters to you in your life”. Analysis revealed similar themes across responses to all these versions. With the exception of the categories “disease-focused outcomes,” “leisure activities,” “sex,” and “travel” which appear in the category list for Question 2, but not Question 1, the lists are identical. This overlap in categories is useful given the different ways that Question 2 was posed across the paper-based and CPRS versions of the PHI. Additionally, Question 3, “What brings you a sense of sadness or sorrow?” was not included in the CPRS version, and our categories thus reflect only the Veteran responses given in the paper version.

Summary of Responses in Section One:

As Table 1 summarizes, responses to the first four PHI questions reveals Veterans find family and friends to be important to their health, and that independence and ability to continue to do activities and hobbies that one enjoys are connected to their health goals. Overall, responses were often short and direct statements, often in short phrases, and/or listing persons, places, things or activities. These responses occurred regardless of responses either being written in the Veteran’s handwriting on the paper version, or provided in CPRS. Interestingly, the majority of the declarative statements to Question 2 were “active” in nature or described some state of being; many began with words like “working,” “knowing,” “talking,” “going,” “being,” “to live,” and “to enjoy.” Generally across all questions, the list-type responses contained anywhere from one to several items. Responses to these first few questions often highlighted to us broader themes that crossed subsequent questions for that respondent. For example, if responses to Question 1 were related to stress or movement, often this was a concern that was mentioned later in the PHI questions.

Table 1. Summary of Categories for Section One

Question	Number of Categories	Key Categories
What REALLY matters to you in your life?	8	Family and friends Financial Ability to move Independence
What brings you a sense	12	Family and friends

of joy and happiness?		Being healthy Disease focused outcomes Leisure activities Independence
What brings you a sense of sadness or sorrow?	6	Negative and family events Military service Burden of living State of the world
What is your vision of your best possible health? <i>How would you like to feel and look? What activities would you like to be able to do?</i>	13	Family and friends Engaging in hobbies Sports and exercise Being free of pain Lose weight Disease focused outcomes

Key Categories and Examples in Section One:

Question 1: What REALLY matters to you in your life?

We identified 8 categories for Question 1. The categories represent responses related to overall health, how health can impact quality of life, relationships with family and friends, favorite activities and financial and physical independence. Categories ranged from concrete concerns related to continued ability to do things important to Veterans (i.e., “family,” “being financially set,” “serving God”), as well as broad statements related to being “alive” and “family.” In particular, we sought to separate the category, “ability to move” from “independence,” as the concern related to body movements was articulated by Veterans separately from the ability to move around as an independent person. The most frequent categories were:

- Family and friends (“keeping up with the grands,” “family, a happy family,” “wife,” “daughter”)
- Financial (“money,” “being financially set,” “getting my sons thru college”)
- Ability to move (“being able to move and work,” “mobility”)
- Independence (“freedom to enjoy,” “able to do things on my own”)

Question 2: What brings you a sense of joy and happiness?

We identified 12 categories to represent the responses to PHI Question 2. These codes vary in terms of their scope and specificity and reflect activities, abilities, states, and different kinds of personal resources. Important conceptual distinctions were drawn between categories intended to represent broad descriptions of health and being alive from other responses addressing control over different disease processes. We similarly drew distinctions between responses that reflected a sense of independence and the ability to do what one wants from the pursuit of more specific leisure and other activities. Key categories are:

- Family and friends (“close 1 to 1 relationship with spouse,” “to continue to live and to be with family,” and the “health of family”)
- Being healthy (“good health”)
- Disease focused outcomes (“in control of my PTSD”)
- Leisure activities (“listening to music and going out to dinner”)
- Independence (“knowing I can get up and travel anywhere – without help and assistants – on my own”)

Question 3: What brings you a sense of sadness or sorrow?

We identified 6 categories for the responses to Question 3, which was only represented in the paper version of the PHI. Similar to Question 1 and 2, responses to this question were short and fragment sentences. Despite the shortness of responses, they represent a range of concerns for Veterans. In particular, Veterans expressed that sadness and sorrow was related to negative events or losses of family and friends, including family relationships. They also had concerns and worries about the state-of-the-world, past experiences in the military, and life in general being difficult some days. Some Veterans responded that current lack of work is presenting a problem for them. The most frequent categories coded were:

- Negative and family events (“loss of family,” “bad things happening to my family or children,” “relationship with son, should be better”)
- Military service (“Vietnam”)
- Burden of living (“depending on others to get around,” “boredom of everyday routine”)
- State of the world (“bad news,” “any unplanned events”)

Question 4: What is your vision of your best possible health? *How would you like to feel and look? What activities would you like to be able to do?*

We identified 13 categories for Question 4. Veteran responses about possible best health fell into three broad categories: 1) engaging in hobbies, sports and activities; 2) medical goals, including pain management and 3) relationships with family and friends. Similar to Questions 1 and 2, we also noted a wish to maintain “independence” as a goal for the future. Importantly for Question 4, responses were often a listing of activities that Veterans wished to be able to do, reflecting the second part of the sub-question, *What activities would you like to be able to do?* Some Veterans simply replied “be healthy” with little detail about what that might mean for them. Reflecting the first sub-question, *How would you like to feel and look?*, Veterans often replied, “look and feel good” with several focusing on being free of pain. The key categories were:

- Family and friends (“having family and friends around”)
- Engaging in hobbies (“paint, sing,” “be able to enjoy all activities as I once could”)
- Sports and exercise (“ski,” “run,” “take long walks,” “play golf, swim”)
- Being free of pain (“I would like to get up and have no pain”)
- Lose weight (“I would like to lose 35 pounds,” “weight loss”)
- Disease focused outcomes (“having blood pressure in control”)

***NOTE:** At the end of the PHI in section one, a question was “How is it to live your day to day life?” It is a three-part question asking Veterans to place an “X” on a scale indicating how they feel (great to

miserable) in regards to their physical state, mental/emotional state and life scale. These responses were not coded and are not numerically analyzed.

IV. Personal Health Inventory Section Two: Current and Desired State of Circle of Health and Well-Being

The Current and Desired Section of the PHI asks Veterans to think about where they currently are and where they would like to be on areas of their life. These assessments include a scale item where Veterans indicate on a scale of 1 (low) to 10 (high) their current and desired states. Two follow-up questions to these broad areas related to the Circle of Health and Well-Being asked for Veterans to indicate the reasons they chose a number for the current state, and what changes could be made to reach the desired state number. For these questions, the coding scheme added a positive or negative sign to indicate if the open-ended response had either positive or negative connotations. This was done to help understand the comment in the context of the number provided to the scale item.

Effect of Differences in PHI Administration:

Similar to differences noted in Section One of the PHI, we noted differences in how the questions in section 2 (Current and Desired States) was administered in the paper and CPRS versions. The CPRS version did not provide an option for open-ended responses, only numerical responses. The categories thus only reflect the comments written in the paper version of the PHI.

Summary of the Responses in Section Two:

Table 2 reflects the Current and Desired States of the Circle of Health and Well-Being reflect Veterans' assessments of their health and well-being across biomedical related and holistic related domains. The numerical responses reflect a range of perceptions, notably areas in which Veterans either desire to improve, or where they may perceive their health to already be optimal. For instance, working the body found Veterans in an area of improvement, whereas Personal Development remained static for most responses. Yet, the responses to explain the numbers provided illuminated the different reasons behind low or high numbers. Veterans consider family and friends, access and use to services, employment, living situations, personal motivations and more to be key influences on their current and desired states.

Table 2. Summary of Categories for Section Two – Current and Desired States of the Circle of Wellness

Question	Number of Categories	Key Categories
Working the Body	Current: 6	Musculoskeletal Being physically active Motivation
	Desired: 5	Be physically active Establish Routines Get treatment
Recharge	Current:2	Sleep Fatigue
	Desired: 5	Being physically active Medications

Food and Drink	Current: 1	Not eating properly
	Desired:3	Eating properly Education Reduce alcohol intake
Personal Development	Current: 3	Satisfied – comfortable with current state Family and friends Work status
	Desired:3	Engage in leisure activities Satisfied – comfortable with current state Establish routines
Family, Friends and Co-workers	Current: 4	Connected with others or community Communication (+)
	Desired: 7	Improve relationships with family and friends Improve communication Satisfied
Spirit and Soul	Current: 5	Engage in leisure activities Religious activities Connected with others or community
	Desired: 3	Engage in leisure activities No answer/blank
Professional Care, Prevention	Current: 3	Up to date Engaged in health, wellness and safety behaviors
	Desired: 3	Be proactive Quit smoking Seek preventive care
Professional Care, Intervention	Current: 3	Relationship with provider Disease specific Ask questions
	Desired: 3	Be proactive Use tools for health
Surroundings	Current: 5	Comfort and safety Satisfied – comfortable with current state Housing conditions – physical conditions of housing
	Desired: 6	No changes Improve housing conditions by moving to another location, relocate House projects
Power of the Mind	Current: 7	Techniques Satisfied
	Desired: 6	Learn more Use cognitive strategies

Key Categories and Examples in Section Two:

Working the Body

The Working the Body question asks patients to reflect on their ability to move and engage in physical activities ranging from walking to gardening to working out at the gym. Current state responses resulted in 6 categories, and the desired state, 5 categories. Patients noted many different kinds of strategies to draw upon to improve on Working the Body.

Key Categories and Examples for Current Working the Body:

Numerical responses for this question ranged from 2-10, with most around 7-8. A large majority of the responses for current state indicated a lack of being physically active as the primary problem, with references to musculoskeletal problems and pain as being part of the limitations. Notably one individual stated that he had lost many of his friends with whom he had previously walked and therefore was no longer walking. Key categories are:

- Musculoskeletal (“feet hurt, joint problems, walking difficult at times”)
- Being physically active (“walk daily,” “golf and fish”)
- Motivation (“lack of motivation”)

Key Categories and Examples for Desired Working the Body:

Similar to the current state having high numerical responses, numbers for the desired state ranged from 7-10, with most noting 10 as their desired state. Solutions included simply increasing the amount of activity, getting some education about physical activity, seeking medical treatment for ailments limiting physical activity and establishing routines to increase getting exercise.

- Be physically active (“get more exercise”)
- Establish Routines (“slowly do a walking regimen”)
- Get treatment (“ go to the podiatrist to help with my feet”)

Recharge

The ‘recharge’ question asked about rest, sleep and engaging in activities that help one feel recharged and fueled. Current state responses resulted in 2 categories and desired in 5 categories.

Key Categories and Examples for Current Recharge:

For the current state, most Veterans responded with comments surrounding either difficulties with or ease of sleep. When the rating was below 7, all replied with statements about difficulties sleeping or attaining inadequate amounts of sleep. One Veteran added a comment about inadequate amount of exercise for this category.

- Sleep (“If I can sleep 4-5 hours that’s a lot,” “wife gets up at night and interferes with my sleep”)

Key Categories and Examples for Desired Recharge:

For those Veterans who expressed difficulties with sleep, in order to improve them mentioned changing the ways they took medications, reducing sensory input prior to bed and obtaining a sleep study as key strategies. Current state responses fell resulted in 3 categories, and the desired state, 3 categories. One Veteran mentioned getting additional exercise. Several did not have anything in the desired state, and one Veteran remarked on feeling hopeless in this area.

- Being physically active (“move around more”)
- Medications (“look at taking my medications earlier in the day”)

Food and Drink

The food and drink category asks Veterans to think about eating healthy and limiting unhealthy drinking of sodas and alcohol. Many of the Veterans stated concerns that they were not eating properly and wished to change this in some way. Current state responses fell into 1 category, and the desired state, 3 categories. Notably, this area was also commonly stated as the primary area a Veteran wished to work on overall, particularly when asked in the CPRS version to select one area that they were most concerned about.

Key Categories and Examples for Current Food and Drink:

Scores ranged from 1 to 10. When below 7, most frequently Veterans mentioned not eating healthy, or not having enough vegetables. Notably, two Veterans discussed the relationship between their diet and medication (specifically Coumadin) and difficulties in managing the appropriate diet.

- Not eating properly (“snacking,” “not having complete meals,” “need to increase vegetables”)

Key Categories and Examples for Desired Food and Drink:

Scores ranged from 8-10, but notably in this category, fewer used 10 as their desired state. One Veteran stated this issue was hopeless for him, but others stated they needed to eat better. Several noted the need for more education about healthy eating.

- Eating properly (“decrease binges,” “work on lunch preparation”)
- Education (“education in nutrition,” “classes”)
- Reduce alcohol intake (“decrease beer, maybe”)

Personal Development

The personal development question current state has 3 categories, and the desired state had 3 categories. These questions asked Veterans to assess their current and desired states in relation to their personal and work life. Veterans were given examples of personal development to be learning and growing, developing abilities and talents, balancing responsibilities where you live, volunteer and work. Some of the responses did reflect the language of the question, with responses mentioning volunteering and work.

Key Categories and Examples for Current Personal Development:

Numbered responses to these questions ranged from 4-10. For the few that were less than 8, Veterans stated stress, living situations. The 4 response stated “I don’t do much now.” The key categories for coding were:

- Satisfied, comfortable with current state
- Family and friends (“I like my neighbors”)
- Work status (“I am retired”)
- Engage in leisure activities (“I am involved with a gym”)

Key Categories and Examples for Desired Personal Development:

The range of responses for the desired personal development item was from 5 to 10. Veterans replied that they would like to increase their desired personal development state, although there were several responses where Veterans felt they would keep things the same. In other words, their current and desired states were similar. For instance, one Veteran put 5 for both current and desired, with desired being PTSD classes being helpful. Key categories for this question were:

- Engage in leisure activities (“I would like to volunteer and help groups and causes”)
- Satisfied (“I am comfortable”)
- Establish routines (“Improve exercise program to reduce stress”)

Family, Friends and Co-Workers

Veterans were asked to respond to their personal relationships to represent the “hearing and being heard” aspect of the Circle of Health and Well-Being. Responses to these current and desired states were to reflect Veterans having caring and supporting relationships in which they felt heard and connected to the people they loved and cared about, and the quality of their communication with family, friends and co-workers. There are 4 categories for the current state and 7 categories for the desired state, representing communication, connectivity with others, satisfaction and improvements in their relationships with others.

Key Categories and Examples for Current Family, Friends and Co-Workers:

Veterans responded most frequently to this question using the words in the description to discuss how they communicated and felt connected with others. Scale responses ranged from 5-10, with one Veteran marking 3, for the current state of family, friends and co-workers. The use of minus or plus codes to qualify the categories was used in this question to reflect positive and negative statements. The most frequent key categories were:

- Connected with others or community (“I have a close, large family”; “I am a loner”)
- Communication (+) (“I have good communication with family and friends”)

Key Categories and Examples for Desired Family, Friends and Co-Workers:

Veterans expressed a desire to have better relationships with others and areas on which they could work to improve the relationships. Responses ran from 7-10 for Veterans' indication of where they desired to be in regards of family, friends and co-workers. Key categories were:

- Improve relationships with family and friends (“Work on better relationship with my brothers, who live a distance away”)
- Improve communication (“Increase communication as a daily routine”)
- Satisfied (“I’m fine”)

Spirit and Soul

To indicate Veterans' sense of purpose and feeling connected to something, they responded to the Spirit and Soul current and desired states. These questions also asked Veterans to consider their ability to find strength during difficult times, such as faith or religion, meaningful community organizations, or other sources of comfort and strength like music, nature or the arts. There were 5 categories for the current state, and 3 categories for the desired state.

Key Categories and Examples for Current Spirit and Soul:

The categories for current states for the spirit and soul questions were similar to the family, friends and co-workers item to include categories related to friends, family and others, but also included categories to capture Veterans' mention of religion or leisure activities. Score responses for spirit and soul current state were from 5 to 10, with one Veteran noting a 4, “tired.” The key categories were:

- Engage in leisure activities (“Involved with crafts. I am an artist”)
- Religious activities (“Go to church every Sunday”)
- Connected with others or community (“Involved in Habitat for Humanity”)

Key Categories and Examples for Desired Spirit and Soul:

Veteran responses for desired spirit and soul remained similar, with few categories emerging from the responses. Responses for desired spirit and soul ranged from 5 to 10. Many Veterans sought improvement, but others felt satisfied with their current state as a desired state. The desired state was one of the few items in which many responses were left blank, perhaps reflecting that many Veterans do not know what to do or how to respond to this item. The key categories were:

- Engage in leisure activities (“To get motivated about joining community groups” “Looking into part-time/volunteer work”)
- No answer/blank (significant in this category)

Professional Care, Prevention & Intervention

Two areas are asked in the PHI regarding Professional Care. The first asks about prevention and different types of preventive behaviors in which patients may engage. The second question focuses on intervention or treatment, and focuses on treatment plans and patients' use of different treatments and

services. Scores for these items for current state were all 7-10, with only one exception. Notably, for both of these questions, Veterans often used the language of the question in response, with little enhancement.

A. Key Categories and Examples for Current Professional Care, Prevention: Current state responses resulted in 3 categories, and the desired state, 3 categories.

When scores for prevention were under 10, patients often responded regarding seat belt use, and getting vaccinated. Only one patient noted that he needed to get his colonoscopy and planned to schedule one.

The key categories for coding were:

- Up to date
- Engaged in health, wellness and safety behaviors
- Be proactive

Key Categories and Examples for Desired Professional Care, Prevention: Desired state responses fell into 3 categories. One mentioned use of My HealthVet as a potential action to take. Key categories were:

- Be proactive (“schedule a colonoscopy”)
- Quit smoking

B. Key Categories and Examples for Current Professional Care, Intervention:

Notably, most patients marked 9 or 10 for their current state, with the most common response for this being that they had a good relationship with their provider. Occasional lower scores were accompanied by comments that the patient did not ask enough questions of the provider. In fact, it was this comment that was accompanied by a score of 1 for one patient.

- Relationship with provider (“I have a good relationship with my provider”)
- Ask questions (“I ask questions when I need to.”)

Key Categories and Examples for Desired Professional Care, Intervention: Patients’ responses for desired state were 8-10, with 10 most common. Most responded with no answer or that they were satisfied with their professional care. Notably, one individual marked his social support, a wife who was a nurse, as a key aspect of his professional care, intervention. The key categories for coding were:

- Use tools to support health (“use MyHealthVet more”)
- Be proactive (“I need to become more involved”)

Surroundings

Regarding the question item focused on “Surroundings,” we developed 5 response categories for the current state and 6 response categories for the desired state. The Surroundings question encourages Veterans to reflect on the physical and emotional implications of their environment and provides prompts like feelings of safety, comfort, the quality of basic necessities like light, air, and water, and any unpleasant attributes like clutter, noises, or smells that they may wish to change.

Key Categories and Examples for Current State of Surroundings:

Among Veterans who reported current states less than 8, some of the common reasons listed for that rating included stress in the workplace, odors in their living area, fears of home break-in and violence, and lingering house projects. Numbered scale responses to the Surroundings question ranged from 2 – 10 for the current state. Some key categories for the current state were:

- Comfort and safety (“I live in comfortable surrounding[s]”)
- Satisfied – comfortable with current state (“no complaints”)
- Housing conditions – physical conditions of housing (“healthy living environment”)

Key Categories and Examples for Desired State of Surroundings:

Similar to other current and desired state questions, some Veterans reported a desire to improve aspects of their surroundings, but many others indicated a desire to keep their surroundings as is, thus suggesting that they perceived no pressing needs for change. Numbers ranged from 5 – 10 for the desired state. Some key categories for the desired state were:

- No changes (“None”)
- Improve housing conditions by moving to another location, relocate (“I would like to live in Maine – move to Maine”)
- House projects (“Get started on my projects”)

Power of the Mind

Regarding the question item focused on “Power of the Mind,” we developed 7 response categories for the current state and 6 response categories for the desired state. The Power of the Mind question asks Veterans to reflect on the ways that they may draw on the power of their own minds to heal and to cope with life’s challenges and includes prompts like listening to your thoughts, paying attention, and using particular mind-body techniques like relaxation, breathing, and guided imagery.

Key Categories and Examples for Current State of Power of the Mind:

Among Veterans who reported current states less than 8, some did and did not report using power of the mind techniques (e.g., biofeedback; meditation; guided imagery) to cope with situations in their lives. As further described below, most expressed a desire to change. Numbered scale responses to the Power of the Mind question ranged from 1 – 10 for the current state. Some key categories for the current state were:

- Techniques (“I use biofeedback to calm myself down”)
- Satisfied (“Very good”)

Key Categories and Examples for Desired State of Power of the Mind:

Perhaps more so than other question items within the current and desired states of the PHI instrument, there was a notable desire for change across responses to the Power of the Mind question. Numbers ranged from 5 – 10 for the desired state. The extent of change desired was variable; in some cases, Veterans who gave themselves a low current state rating expressed a desire for modest change (e.g., moving from a current rating of 3 to a desired rating of 5), whereas others expressed a desire for

more substantial change (e.g., moving from a current rating of 1 to a desired rating of 10). Although the sample of PHIs reviewed in this analysis was limited, this finding is interesting in that it suggests that Power of the Mind may be an appropriate theme for VA to target with new services for Veterans. Some key categories for the desired state were:

- Learn more (“Learning new techniques to calm myself such as guided imagery”)
- Use cognitive strategies (“Be able to control the mind”)

V. Personal Health Inventory Section Three: Reflections

Questions 5-7 of the PHI ask Veterans to reflect on their current health status and what their future health status may be, should they change their current patterns of health-related decision-making and routine health behaviors. Taken together, these questions encourage Veterans to draw comparisons between where they are and where they want to be, and convey the idea that changes in health start with the individual and that it is within the power of the individual to achieve the health that they want through change that they make today. The three question items in the reflections section are: (5) What stands out for you about where you currently are and where you’d like to be? (6) If nothing changes in your health and well-being choices, what do you think your health will look like 5 years from now? What might the worst case be? (7) If you make changes in your health habits, what is your likely health 5 years from now? What might the best case scenario be?

Effect of Differences in PHI Administration:

Elsewhere in this white paper, we described the different modes of PHI administration (paper versus an electronic version implemented within CPRS) reflected in our sample and the variation in question items across the two formats. Although the reflection question items are numbered 5-7 on the paper version of the PHI and 6-8 on the CPRS version, there are no other meaningful differences to note in these items across the two formats.

Summary of Responses in Section Three:

As seen in Table 3, responses to the reflection question items in our sample of PHIs conveyed a focus on overall health and well-being, and the implications that changes in health status could have for a variety of outcomes including longevity, mobility, and activities of daily living. As described below, in formulating their responses to these items, many Veterans also articulated unique, personal health goals that varied in granularity and focus. Across both the paper and electronic versions of the PHI, responses to these three questions most typically consisted of brief declarative statements and short phrases (e.g., many starting with “That I,” “I would like to,” “Increasing,” “Decreasing,” “Being able to”) that represented anywhere from one to several distinct ideas. In the sections below, we describe the categories of responses that we established through our analysis and provide sample responses that exemplify those categories.

Table 3. Summary of Categories for Section Three

Question	Number of Categories	Key Categories
What stands out for you about where you currently	13	Being healthy Disease-focused outcomes

are and where you'd like to be?		Mental status Lose weight Satisfied
If nothing changes in your health and well-being choices, what do you think your health will look like 5 years from now? What might the worst case be?	8	Bad health events Being disabled Death Mobility Poor health
If you make changes in your health habits, what is your likely health 5 years from now? What might the best case scenario be?	12	Being healthy Longevity No change

Key Categories and Examples in Section Three:

Question 5 (6 in CPRS version): What stands out for you about where you currently are and where you'd like to be?

We created 13 categories to describe the responses provided to Question 5. Obviously, what “stands out” in the life of any one individual can vary considerably, and that breadth is represented in our categorical schema. The categories that we defined represent responses ranging from states of being, to personal health goals that Veterans wanted to achieve. In some cases, the goals identified tied directly to the management of a specific disease or condition (e.g., blood pressure control) and in other cases tied more to general health promotion (e.g., eating right; quitting smoking; losing weight). It is important to note that other Veterans responded with thoughts that were not directly related to health (e.g., religious and spiritual life; travel), and a small number also used the structure of the question and answer options in the previous Current and Desired States section of the PHI to formulate their response to this item (e.g., be a 10). Some frequently occurring categories included:

- Being healthy (e.g., “Health / Staying in good health”)
- Disease-focused outcomes (e.g., “Improve diabetes”)
- Mental status (“I still see that I am a little depressed”)
- Lose weight (“Lose 5-10 lbs.”)
- Satisfied (“I think I am right where I need to be”)

Question 6 (7 in CPRS version): If nothing changes in your health and well-being choices, what do you think your health will look like 5 years from now? What might the worst case be?

We created 8 categories to describe the responses provided to Question 6. In reflecting on what may be if nothing changes in their health and well-being choices, Veterans articulated different views of their futures. Although a few commented that things might still be the same as they currently are, others referenced generally poor health or the potential to experience negative or acute health events. Some directly mentioned death or possibly not being around any longer. For other Veterans, this question elicited responses focused on a loss of independence, mobility, or the capacity to engage in basic yet meaningful activities of daily life. Frequently occurring categories included:

- Bad health events (“Heart attack or stroke”)
- Being disabled (“Being in wheelchair or blind”)
- Death (“That I do not live past 5 years”)
- Mobility (“Decreased / Limited mobility”)
- Poor health (e.g., “Deterioration of my health”)

Question 7 (8 in CPRS version): If you make changes in your health habits, what is your likely health 5 years from now? What might the best case scenario be?

We created 12 categories to describe the responses provided to Question 7. In reflecting on what may be if changes are made in their health habits, Veterans described a variety of best case scenarios. Although several conveyed that things would remain the same for them, others articulated visions of overall improvements in health, living longer, and still having the capacity to be active, independent, and engage in activities that are meaningful to them. Overall, the responses to this question item tended to be more general and overarching than those provided to the previous two items. Frequently occurring categories included:

- Being healthy (“Improved health”)
- Longevity (“Living longer”)
- No change (“Health to remain the same”)

VI. Quantitative results from coding of 100 PHIs

We shared our codebook with Dr. Thomas Findley and his team at the East Orange VAMC. Dr. Findley's group had conducted the PHI with 100 Veterans. They applied the codebook to these 100 PHIs and conducted a frequency count of coded categories across all questions for the PHIs. Table 4 shows the distribution of the frequencies of the most frequently used codes.

Notably, the codes represented in both the "Top 5" and "Least Frequent" categories reflect the goals of the PHI tool to refocus on what is most important to Veterans.

Table 4: Frequency of codes used in 100 PHIs, in order of prevalence of use	
Coding Category	Frequency
<i>Top 5 Categories</i>	
Being with family	66%
Sleep	63%
Eating Proper Foods	52%
Being Healthy	48%
Social engagement-	41%
Negative Family Events	39%
Religion and Spiritual Life	32%
General being more active	30%
Comfort and Safety of Home	30%
Work Status	27%
Sports and Exercise	25%
Use Cognitive Techniques	20%
Communication	19%
Up to Date	17%
Leave current home	15%
<i>Least Frequent Categories</i>	
Relationship with Provider	14%
Death	13%
Adherence	12%
Consuming the proper liquids	10%
Reference to Specific Medical Complaint	11%

VI. Summary

The PHI tool asked Veterans questions related to their personal health planning and addresses concepts related to OPCC&CT's Circle of Health and Well-Being. The open-ended responses to questions, along with their numerical values, offer an insight into Veteran's thoughts, feelings and concerns related to their personal health. The coding reveals that personal health is not always biomedical in nature for Veterans, and there is an opportunity for holistic considerations regarding personal health.

Across the three sections of the PHI, there were common themes for Veterans. In Section One, Veterans responded that family and friends, independence and ability to do activities are important areas to their general health and well-being. These categories continued in Section Two (asking about current and desired states), with Veterans again considering family and friends important, along with access and use of services. This section also illuminated Veteran's needs related to more functional aspects of personal health, such as employment and living situations. The third section of the PHI prompted more personal responses for personal health, with Veterans describing actions and ideas related to their health and well-being. Responses to this section indicated that general health (diet, nutrition), mobility and independence continue to be goals related to personal health and well-being.

Responses to the PHI questions also reflect Veterans difficulty with answering some questions that are less biomedical in nature. For instance, Veterans may have had a difficult time responding to the Spirit and Soul questions, evidenced by the lack of responses. Also, several responses reflected the wording and items in the questions, indicating that these prompts were needed in order to answer the questions. It could be inferred that Veterans do not have responses readily available as these concepts are not discussed with them as often. Interestingly, while family and friends represent a key aspect for Veterans in their personal health planning throughout most of the PHI, the reflection questions represent more individual changes related to diet, food, nutrition, health. Considering that the Food and Drink question had the widest range of numbered responses, the reflection responses on food and diet may reflect how poorly Veterans see themselves in this regard and the need for improvement. Such responses may also suggest that the public discourse about food, diet and nutrition may be more prevalent than other aspects of the Circle of Health and Well-Being related to personal health and well-being. Given that answers to these more bio-medical questions are more readily available for Veterans compared to other aspects of well-being, it suggests that more needs to be done to communicate about other aspects of the Circle of Health and Well-Being (e.g., spirit and soul).

The differences in administration of the PHI as a paper or CPRS version offer some considerations about personal health and well-being. The CPRS version imbedded personal health planning within their SMART goal setting discussions. We feel that this could have impacted Veterans responses, as the SMART goals are often more biomedical in nature, and Veterans responses could have reflected this influence. Additionally, it is unclear if the responses in the CPRS version are Veterans' own words, or interpretations of the response by the healthcare team (e.g., comments could have been omitted if deemed irrelevant). Additionally, Veterans may have been influenced by the presence of the healthcare team asking the questions and reporting answers, as it presents a different mode of communication compared to reflecting and writing responses independently.

Finally, the reflection questions at the end of the PHI offer an opportunity to consider what is important for the VA to address with Veterans about personal health planning. General health and well-being, mental health, and functionality are important to Veterans. Notably, specific biomedical concerns related to their future (e.g., control blood pressure) were not noted in this section of the PHI. Instead, it was more generalities related to overall well-being that are important. Such responses may suggest that

while a biomedical approach is important in the near-term for Veterans, in the long-term other approaches are more valued.

Finally, the distribution of codes found in the coding of 100 PHIs indicates that the tool is achieving its intended goal. Notably, more medico-centric concerns such as adherence, medical issues and even death are less frequently noted by Veterans in their PHIs. A focus on more individual and personal aspects of their lives rise to the top of their concerns and what is most important to them. This refocusing is critical to engaging providers and patients in setting health goals that are most closely aligned with what matters most to patients.

VII. Conclusion

The PHI tool is a tool that can capture many different aspects of well-being and personal health for Veterans. The concepts within the Circle of Health and Well-Being offer Veterans an opportunity to consider aspects of their personal health that they may more frequently think about (e.g., food and drink), but also concepts that are important, but perhaps rarely articulated (e.g., spirit and soul). The PHI offers a unique way to capture all aspects of the Circle of Health and Well-Being, and an opportunity to engage Veterans in discussions that are less biomedical in nature. In particular, the application of this tool clearly illustrates that the PHI succeeds in altering the framing of the health of Veterans.

The responses also indicate areas of personal health that are important to Veterans and opportunities for the VA to address and support these areas. Veterans clearly value their functionality and independence as part of their personal health, and consider their communities (e.g., family and friends) as well as individual aspects as important to them. The VA has an opportunity to address all these concerns with Veterans to provide the optimal personal health and well-being planning. Specifically, the PHI tool offers an opportunity for Veterans to consider what things to change in their life, and how the VA can play a role in these changes. In particular, for the VA, it becomes a way to understand the priorities of Veterans and what they value, and how the interactions with the healthcare team can provide support and optimal healthcare.

Results and analysis of the PHI responses clearly shows that the VA will need to understand ways to embrace a more holistic viewpoint of healthcare that leads to personal health and well-being. At this time, it is unclear how providers and healthcare teams are currently framing health and clinical goals in relation to the Circle of Health and Well-Being. It is possible that there are some providers that are ready for this change to focus and adapt to these concepts in the PHI, and others that may need assistance in learning how to re-frame from the clinical and biomedical treatments to capture all Veterans priorities and values regarding their personal health and well-being. Other work of the OPCC&CT evaluation centers may provide insights into these challenges as they examine how patient-centered care is being applied and adapted throughout clinical encounters.

Appendix A: The Personal Health Inventory, Version XIX



Personal Health Inventory

Revision XIX Sept 18, 2012

Office of Patient Centered Care and Cultural Transformation

Personal Health Inventory

Developed by the Office of Patient Centered Care and Cultural Transformation

Revision 19, Sept 18, 2012

This document is currently being piloted and is subject to revision.

The Department of Veterans Affairs established the Office of Patient-Centered Care and Cultural Transformation (PCCCT) in January, 2011. PCCCT works with VA leadership and other program offices to transform the current system of healthcare from the traditional medical model of “find it, fix it” to a model that partners with Veterans to create a strategy to optimize health and well-being. This approach is personalized, proactive, and patient-driven and honors what really matters to people.

*“You ought not to attempt to cure the eyes
without the head or the head without the
body, so neither ought you attempt to cure
the body without the soul....for the part can
never be well unless the whole is well.”*

Plato

VHA and the Office of Patient Centered Care and Cultural Transformation in deeply grateful to Duke Integrative Medicine for allowing us to adapt some of the content in this handout from the “Personalized Health Plan Manual”, © 2010 Duke Integrative Medicine/Duke University Medical Center.

Health and You as a Whole Person

The road to better health rests within you. The first step is to know what you want from your health and why. Knowing your health goals may not be a simple task; yet it is an important step toward reaching your full potential. Living life fully and optimizing health and well-being goes beyond just not being sick; it means understanding what matters to you and looking at all aspects in life that contribute to a sense of well-being. This tool will help you explore all areas of your life so your health care team can help you plan, not just for your medical needs, but for your “life” needs.

The Components of Proactive Health and Well-Being



The Components of Proactive Health and Well-Being diagram is a picture to help you think about your whole health. All of the areas in the circle are important and connected. Improving one area can benefit other areas in your life and influence your overall physical, emotional, and mental health and well-being. The human body and mind have tremendous capacity to heal, and these innate healing abilities are strengthened or weakened

by many factors that we can influence. The inner circle represents you, your values and what really matters to you. The next circle is your self-care, the circumstances and choices you make in your day-to-day life. The professional care ring represents professional care you receive, such as examinations, tests, medications, surgery, and counseling and complementary approaches such as acupuncture and mind-body therapies. The outer ring represents your community and the people and groups to whom you are connected.

Me

The innermost circle represents each of us and who we are as unique individuals. We start at the middle saying, “I am the expert on my life, values, goals, and priorities. Only I can know WHY I want my health. Only I can know what really matters to ME. And this knowledge needs to be what drives my health and my healthcare. I am the most important person, the Captain of the Team, when it comes to making choices that influence my health and well-being. I am the captain of my team, and my medical team professionals are some of the invited players.”

Mindful Awareness

Mindfulness is simply being fully aware, or paying attention. Sometimes, we go through our daily lives on auto-pilot and aren't fully present in the here and now. We often dwell on the past and plan out events in the future. We don't spend much time really noticing what is happening right now; just paying attention and noticing, without judging or trying to fix it. Your body and mind send you signals constantly, but if your attention is elsewhere, you don't notice. Then, the signals that began as whispers become screams.

For example, when you miss the whispers of an early discomfort or a sad feeling, you miss the opportunity to make a change before it grows into real pain or depression. Being mindful, or aware, allows you to make conscious proactive choices about every aspect of your health. Mindfulness connects you to each component of your well-being, and to your whole self.

The Eight Areas of Self Care

Self-care is often the most important factor in living a healthy life, which in turn allows you to live your life fully, in the ways that matter to you. Self-care includes all the choices you make on a daily basis that affect your physical, mental, and spiritual health. As a matter of fact, how you take care of yourself will have a greater impact on your health and well-being than the medical care you receive. Evidence shows that each of these eight areas of self-care contribute a great deal to your overall health and well-being. They can also impact your chances for developing diseases as well as the course and seriousness of that disease. Consider your values, lifestyle, habits, and motivations in each area. Taking stock of where you are now (your current state) and where you want to be (your desired state) in each of these areas is the first step in living a healthier life.

Working Your Body *“Energy and Flexibility”*

Movement and exercise increase your energy and flexibility, and affect the state of your body and your mind and emotions. Studies show that regular exercise reduces risk factors by lowering blood pressure and cholesterol, two major contributors to the number one killer, heart disease. Physical activities of all kinds are beneficial and increase strength, flexibility, endurance, and balance. Finding what you enjoy and what works for you is important and may include activities like walking, dancing, gardening, swimming, bicycling, lifting weights, or working out in a gym.

Surroundings *“Physical and Emotional”*

The environment where you spend time a lot of time (like at home or work), both inside and outdoors, directly affects you and your health. You may have issues with basic needs such as safety, or things like clutter, noise, smells, chemicals, or poor lighting or water quality that keep you from being your best. Some of these factors

you may be able to impact or change and some you may not. It all begins with paying attention to the influences of your environment on your life and health, and improving what you can. It matters to have safe, comfortable, and healthy spaces.

Personal Development *“Personal Life and Work Life”*

No matter what stage you are at in life, addressing your personal and/or work life is hugely important. This means taking a look at how you spend your time and energy throughout the day, and whether those activities fuel you or drain you. Does the balance of where and how you spend your energy line up with what matters to you? How do you feel about your finances and how are they impacting your life? These factors affect not only your happiness, but also your health.

Food and Drink *“Nourishing and Fueling”*

What you eat and drink can nourish and strengthen your body and mind. Your decisions about what you eat and drink impact your mood, energy level, and physical health and performance. Developing healthy drinking and eating habits that fit your lifestyle, taking supplements that support your health goals, and limiting substances like alcohol, caffeine, and nicotine keep your body properly fueled.

Recharge *“Rest and Sleep”*

Rest, relaxation, and sleep recharge and refuel you. Sleep is critical for important body and mind functions. Rest, relaxation, and leisure activities create a sense of peace and calm and lower stress. You may also find that physical activity, spending time with family and friends, spending time in nature, completing a significant challenge, or working on a hobby helps you to recharge. Paying attention to the balance between activity and rest is important for optimal health.

Family, Friends, and Co-Workers *“Hearing and Being Heard”*

Your social relationships and whether you feel isolated or connected to others are associated with whether or not you get sick, stay sick, and even how likely you are to die prematurely. In good times and challenging times, it helps to have caring and supportive relationships with people with whom you can talk to openly, knowing that they really listen to you. Intimate relationships and sexual health are not always topics people feel comfortable talking about. The negative effects of sexual trauma or feelings of inadequacies can be devastating. Positive and healthy intimate relationships can be a source of strength.

Spirit and Soul *“Growing and Connecting”*

A sense of meaning and purpose in life and a connection to things outside of you are words that describe the core of what is really important to many people. Where do you turn for a sense of strength and comfort in difficult times? Some people turn to faith, religious practice, or time in nature. Some connect with art or music or prefer quiet time alone. You may express this as a guiding principle for living and giving, a regard for others, or a connection with your inner self in ways that fuel you.

Power of the Mind *“Strengthen and Listen”*

The mind directly impacts the state of your body, in both positive and negative ways. Think of a lemon and you salivate. Think of something that stresses you and your heart rate and blood pressure jump. Learning to use this connection intentionally for positive effects is easy to do. Mind-body practices strengthen the communication between your body, brain, and mind. Think about highly trained athletes or warriors who use the power of their mind to visualize success, or people who use the power of their mind to lower their blood pressure or control pain. You can learn to optimize your body’s ability to heal and cope better with mental and physical stress, by using mind-body techniques.

Professional Care

The professional care ring represents your relationship with your healthcare team or others who are a part of your team. This includes preventive care (like immunizations, weight control, and not smoking), and early detection of disease (such as blood pressure readings and cancer screenings like PAP smears and colonoscopies). It also includes being evaluated for signs or symptoms of problems, and often involves testing and diagnostics, followed by interventions or treatments for the full range of conditions or diseases. Drawing on the best and most effective treatments or approaches is critical, and includes traditional or conventional services (such as medications, counseling, and surgery), as well as complementary approaches (like acupuncture, supplements, and mind body therapies). The plan to manage or treat disease, as well as to prevent disease, will all include strategies that are rooted in your self-care.

Community

The outer ring represents your community and the people, customs, cultures, groups, organizations, causes, governments, and locations you are connected to. For some people, their community is near-by and local and for others it includes people and things that are far away and far-reaching. Today, with the internet, Skype, and Facebook, people can have connections all around the world. Your community is more than the places where you live, work, and worship, it includes the people and groups you are connected to; upon whom you rely and who rely on you.

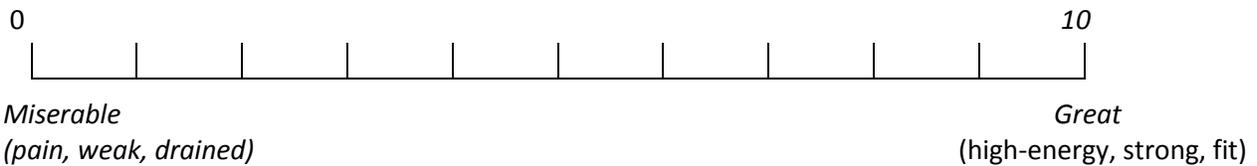
Discovering Why You Want Your Health and Developing Your Personal Health Goals

You are the expert on you! The first and most important step in creating your roadmap to your healthiest life is to step back from your health concerns, and think about your life. What really matters to you? Why do you want or need your health? Sometimes, it can be hard to figure this out. This workbook will help you think about where you are now and where you want to be. Take a few minutes to relax and really think broadly and openly as you answer the questions. You may use additional paper to answer the questions, if you need to.

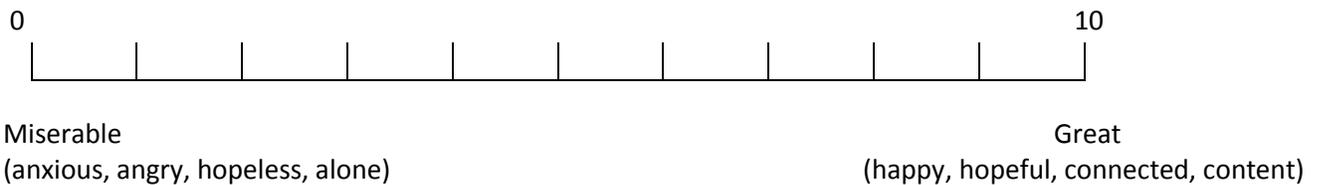
Your Personal Health Inventory

1. What REALLY matters to you in your life?
2. What brings you a sense of joy and happiness?
3. What brings you a sense of sadness or sorrow?
4. What is your vision of your best possible health?
How would you like to feel and look? What activities would you like to be able to do?
5. On the following scales, place an "X" showing where you feel you are on the scale.

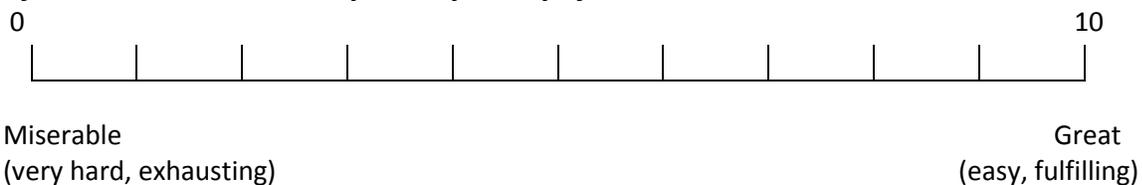
Physical Scale:



Mental/Emotional Scale:



Life Scale: How is it to live your day to day life?



Current and Desired States

For each area below, consider where you are now and where you would like to be. In the “current state” box, briefly note the reasons you chose your number. In the “desired state” box, write down some changes that might make this area stronger for you.

Working the Body: “Energy and Flexibility” Movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.	
Current State: Rate yourself on a scale of 1 (low) to 10 (high) 1 2 3 4 5 6 7 8 9 10	Desired State: Where would you like to be? 1 2 3 4 5 6 7 8 9 10
What are the reasons you choose this number?	What changes could you make to help you get there?
Recharge: “Rest and Sleep” Getting enough rest and sleep and participating in activities that help you feel recharged and fueled.	
Current State: Rate yourself on a scale of 1 (low) to 10 (high) 1 2 3 4 5 6 7 8 9 10	Desired State: Where would you like to be? 1 2 3 4 5 6 7 8 9 10
What are the reasons you choose this number?	What changes could you make to help you get there?
Food and Drink: “Nourish and Fuel” Eating healthy well-balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.	
Current State: Rate yourself on a scale of 1 (low) to 10 (high) 1 2 3 4 5 6 7 8 9 10	Desired State: Where would you like to be? 1 2 3 4 5 6 7 8 9 10
What are the reasons you choose this number?	What changes could you make to help you get there?

Personal Development: *“Personal life and Work life”* Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.

Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

What changes could you make to help you get there?

Family, Friends, and Co-Workers: *“Hearing and Being Heard”* Having caring and supporting relationships where you feel heard and connected to the people you love and care about. The quality of your communication with family, friends and your co-workers.

Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

What changes could you make to help you get there?

Spirit and Soul: *“Growing and Connecting”* Having a sense of purpose and meaning in your life. Feeling connecting to something larger than yourself. Finding strength in difficult times. This may include your faith or religion, meaningful community organizations, or other sources of comfort and strength like music, nature, or the arts.

Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

What changes could you make to help you get there?

Surroundings: *“Physical and Emotional”* Feeling safe and having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.

Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

What changes could you make to help you get there?

Power of the Mind: *“Strengthen and Listen”* Tapping into the power of your mind to heal and cope. Listening to your inner thoughts, paying attention, and noticing. Using mind-body techniques like relaxation, breathing, biofeedback, or guided imagery.

Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

What changes could you make to help you get there?

Professional Care, Prevention: Being able to get my preventive care, such as a flu shot or a cancer screening, and dental care that has been recommended by my providers.

Prevention Current State: Rate yourself on a scale of 1 (low) to 10 (high)

1 2 3 4 5 6 7 8 9 10

Prevention: Desired State: Where would you like to be?

1 2 3 4 5 6 7 8 9 10

What are the reasons you choose this number?

What changes could you make to help you get there?

