

AN ABSTRACT OF THE THESIS OF

Michaela G. Lindahl for the degree of Master of Public Health in Public Health
presented on May 2, 2003.

Title: Development of an Integrated Patient History Intake Tool: A Delphi Study

Abstract approved

Redacted for privacy

Annette M. Rossignol

Objective – Identify patient history intake questions common to four fields of medicine – allopathic, naturopathic, chiropractic and Traditional Chinese Medicine to be included in an Integrated Patient History Intake Tool.

Background – The use of complementary and alternative medicine (CAM) is on the rise in the United States. 80% of those who used CAM therapies in 1990 did so in conjunction with allopathic medicine, and 70% of those who used CAM therapies did not tell their conventional practitioner. Lack of awareness of patients' use of CAM therapies may hinder practitioners' ability to provide adequate healthcare.

Methods – A three-round modified Delphi technique was utilized to generate consensus among 106 Oregon health care practitioners on the importance of specific patient history intake questions. A panel of faculty members from Oregon Health and Sciences University, the National College of Naturopathic Medicine, the Oregon College of Oriental Medicine, and Western States Chiropractic College identified 321 patient history intake questions, which then were distributed to the Oregon healthcare practitioners. The healthcare practitioners were asked to rate the importance of each question through a series of two surveys over the period of eleven weeks. Suggestions for additional intake questions also were invited.

Results – The Delphi process narrowed the 321 initial questions plus 150 additional suggested questions down to a list of 52 intake questions to be included in the Integrated Patient History Intake Tool. There was an overall response rate of 47% with a 64% response rate to SURVEY I, and a 74% response rate for SURVEY II.

Discussion – The patient history intake questions have been identified for use in an Integrated Patient History Intake tool. This Delphi study illustrated the differences that are held unique for each paradigm of medicine. Determining unique characteristics of complementary and alternative medicine from allopathic medicine is an important aspect of building collaboration among allopathic and CAM providers within the state of Oregon. The proposed model of an integrated patient history intake form provides a platform from which to build further cooperation and awareness.

©Copyright by Michaela G. Lindahl
May 2, 2003
All Rights Reserved

Development of an Integrated Patient History Intake Tool: A Delphi Study

By

Michaela G. Lindahl

A THESIS

submitted to

Oregon State University

in partial fulfillment of
the requirements for the
degree of

Master of Public Health

Presented May 2, 2003
Commencement June 2003

Master of Public Health thesis of Michaela G. Lindahl presented on May 2, 2003.

APPROVED:

Redacted for privacy

Major Professor representing Public Health

Redacted for privacy

Chair of the Department of Public Health

Redacted for privacy

Dean of the Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Redacted for privacy

Michaela G. Lindahl, Author

ACKNOWLEDGEMENTS

The author expresses sincere appreciation to –

Dr. Annette Rossignol for her mentorship, support, and encouragement throughout my graduate career, and her guidance through the research process.

Roberta Lindahl and family for their love, support, encouragement, and advice throughout my graduate career.

My Oregon State University friends for making graduate school an unforgettable experience.

Luke Ackerman for his love, support, and help throughout the research and writing process, without whom this would never have come to completion.

CONTRIBUTION OF AUTHORS

Dr. Anne Nedrow secured funding for the research through the National Institutes of Health National Center for Complementary and Alternative Medicine, Oregon Health and Sciences School of Medicine Educational Grant (R25) and provided valuable guidance and editing during the writing process.

TABLE OF CONTENTS

	<u>Page</u>
Development of an Integrated Patient History Intake Tool: A Delphi Study	1
Bibliography	22
Appendices	23
Appendix A Delphi Panel Names.....	24
Appendix B Solicitation Letter.....	25
Appendix C Letter of Informed Consent	26
Appendix D Patient History Intake Survey I: Assessment of Expert Opinion	27
Appendix E Patient History Intake Survey II: Assessment of Expert Opinion	47
Appendix F Integrated Patient History Intake Tool.....	76

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Delphi Study Format	10
2. Study Participants	12
3. Survey Questions	13
4. Total Number of Category Questions for SURVEY I and SURVEY II.....	13
5. Inclusion Criteria for Two Example Questions	16
6. Participants Involved in Each Stage of Delphi Process.....	17
7. Questions Rated HIGH by Total Participants of SURVEY I According to Category	18

Development of an Integrated Patient History Intake Tool: A Delphi Study

Michaela G. Lindahl, MPH and Anne R. Nedrow, MD

**Submitted to
Alternative Therapies
InnoVision Communications, LLC
169 Saxony Road, Suite 104
Encinitas, CA 92024**

Introduction

Communication between complementary and alternative medicine (CAM) and allopathic practices may be enhanced through an integrated patient history intake. One goal of this Delphi study is to facilitate discussion among various medical disciplines regarding a comprehensive patient history. We gathered expert medical practitioners from four various medical disciplines to determine if there is a consensus on the importance of specific medical history questions during the initial patient intake. By determining the questions important to all four fields of medicine, a comparison among fields can be made.

There is a growing disillusion surrounding the terms complementary and alternative medicine, as well as allopathic or Western Biomedicine. These terms are understood to be controversial, and, unfortunately, there are no terms ideal or universally accepted. For the purposes of this study, the phrase “allopathic medicine,” is used, instead of conventional, traditional or Western biomedicine, to refer to medicine practiced by holders of a medical doctor (MD) degree. The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM practices as those health care practices that are not currently an integral part of allopathic medicine, and that are outside of conventional medicine and not taught in US medical schools [1]. NCCAM includes five categories, but for purposes of this study, the fields of complementary and alternative medicine were limited to naturopathic, chiropractic, and Traditional Chinese Medicine.

There is increasing evidence that shows widespread use of complementary and alternative medicines (CAM) therapy in the US population. A recent report analyzing lifetime use and age of onset of use showed that 67.6% of people surveyed had used at least one CAM therapy [2]. Use steadily increased with age across three age cohorts. Of respondents who used a CAM therapy, nearly half continued to use it many years later. Dr. Ronald Kessler, et al. in this report conclude that “use of CAM therapies by a large proportion of the study sample is the result of a secular trend that began at least a half century ago” [2].

The use of CAM is increasing and has even been termed the “invisible mainstream” of medicine in the United States today [3]. In 1990 and later in 1997, Eisenberg et al. conducted a series of studies to evaluate the trends of alternative medicine use in the United States [3]. The results illustrated the interesting shifts in health care usage in the US. Forty-two percent of participants reported using at least one of sixteen alternative therapies during the previous year [3]. Of those sixteen alternative therapies, the uses of herbal medicine, massage, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy increased significantly from 1990 to 1997 [3]. In both the 1990 and 1997 surveys, patients most often sought alternative treatment for chronic conditions, including back problems, anxiety, depression, and headaches [3]. Compared to visits to all US primary care physicians, Eisenberg et al. reported that the number of visits to alternative practitioners was significantly higher [3]. According to the study, the total number of visits to alternative medicine practitioners increased forty-seven percent during the seven year span [3]. Kessler, et. al., suggests this trend demonstrates a continuing demand for

CAM therapies that will affect “health care delivery for the foreseeable future” [2].

Kessler also reports that “it seems likely that the proportion of people using CAM therapies will increase as insurance coverage for these treatments expands in the future” [2]. It is evident that the use of alternative therapies is becoming a significant mainstream part of health care in the United States.

The recent CAM series in *The Annals of Internal Medicine* also suggests “national survey data do not support the view that use of CAM therapy in the United States primarily reflects dissatisfaction with conventional care. Adults who use both appear to value both and tend to be less concerned about their medical doctor’s disapproval than about their doctor’s inability to understand or incorporate CAM therapy use within the context of their medical management” [4]. Andrew Weil believes that patients are looking for

“greater empowerment in medical interactions. They want physicians who have time to sit down with them, help them understand the nature of their problems, and will not promote drugs and surgery as the only ways of doing things. They want physicians who are aware of nutritional influences on health and who can answer intelligently questions about the bewildering array of dietary supplements and natural therapeutic agents in health food stores. They want physicians who are sensitive to mind-body interactions and who are willing to look at patients as mental and emotional beings, spiritual entities, and with whom they can discuss options such as Chinese medicine” [5].

Despite the practice of CAM therapies evident in the United States today, no standardized referral system exists within the conventional medical model.

Fortunately, communication between allopathic medicine and practitioners of CAM continues to grow [6]. In a study of Oregon CAM practitioners, Dr. Robert Irwin found that over twenty percent of CAM professionals made more than 20 referrals per year to allopathic medicine providers [6]. Irwin reported that the strongest predictor

for a CAM practitioner to give a patient referral to an allopathic medical practice was previously receiving a referral from allopathic medical practitioner [6].

Although there is extensive use of complementary and alternative medicine, CAM therapies are still controversial within the United States. Unlike allopathic treatments, a minority of CAM treatments have been evaluated for efficacy and safety according to the western standard of large randomized and controlled trials [6]. Moreover, CAM therapies are exempt from the Food and Drug Administration (FDA) regulation, further raising questions of quality, efficacy and safety among conventional medical professionals [6].

As stated earlier, NCCAM includes five categories in their definition of complementary and alternative medicine. Those categories are alternative medical systems, mind-body interventions, biologically based therapies, manipulative and body-based systems, and energy therapies including bio-field medicine, and bio-electromagnetism [1]. The NCCAM definition includes practices varying from music therapy to Traditional Chinese Medicine. Because CAM is defined by what allopathic is not, there appears to be a high level of variability among fields included in complementary and alternative medicine. For some practices, there is solid scientific support, while others fall into the category of fraudulent medicine. Therefore, it is important to define the fields of complementary and alternative medicine compared in our study. As mentioned previously the current study limited complementary and alternative medicine to naturopathic, chiropractic, and Traditional Chinese Medicine.

According to Jonas, eighty percent of patients who used alternative therapies in 1990 did so in conjunction with allopathic medicine [7]. The majority of the patients

who sought CAM (70%) did not tell their conventional practitioner [7]. It is important that allopathic practitioners know about their patients' usage of CAM to strengthen physician-patient rapport, to ensure safety for their patients, and to gain a broader appreciation for alternative treatments for hard-to-treat illnesses.

Accumulating evidence suggests a benefit for alternative therapies; thus it is important for allopathic physicians to be knowledgeable of CAM therapies in order to communicate with their patients regarding their use of CAM [7].

According to Lisansky, "the practice of comprehensive clinical medicine requires a knowledge of the previous life patterns, social background, and family of every patient" [8]. A medical history is the cornerstone of a physician- patient relationship. In order to "diagnose accurately, to treat effectively, and to prevent complications and recurrences" a physician "elicits data about a patient's personal life stresses and about his relationship with his [/her] family and the social group of which he [/she] is a member" [8]. The information gathered "offers clues to both physician and patient indicating how and why this particular patient is afflicted with this specific illness at this time and how [the] family is reacting to it" [8]. History taking is one part of the diagnostic process, which is necessary in order for the physician and patient "to work together to achieve a new state of equilibrium in health for the patient and his [/her] family" [8].

The lack of knowledge and familiarity of the various types of CAM, and their benefits and uses, have potential to harm patients' health [6]. Patients' requests often are beyond the knowledge and experience of their primary care provider. It is necessary for allopathic and CAM medical practitioners to have an understanding of

each others' fields to foster greater understanding of the types of therapies practiced in the United States and to facilitate communication among the fields.

Kaptchuk and Eisenberg detailed the extent of CAM practice within the United States in a 2001 review of CAM practices. Chiropractic medicine, licensed as primary care, was found to be the largest alternative medical profession. It accounts for almost one-third of visits to CAM providers. Chiropractors are licensed to practice in all 50 states. Traditional Chinese Medicine, as practiced through Licensed Acupuncturists, is independently licensed as a health care profession in thirty-seven states.

Naturopathy is most common in the Pacific Northwest due to two prominent Naturopathic Colleges, Bastyr and the National College of Naturopathic Medicine. Currently naturopaths are licensed in eleven states as primary care providers [9].

Portland, Oregon is a unique city in which to undertake collaborative research among allopathic, complementary and alternative medical providers. Portland is home to the Oregon Health and Sciences University (OHSU), the Western States Chiropractic College (WSCC), the National College of Naturopathic Medicine (NCNM), and the Oregon College of Oriental Medicine (OCOM). All of these academic centers are leaders in their fields in the value they place on critical thinking skills and the scientific model. All have experienced researchers, as well as educators. The fact that these four institutions call Portland home permits this city a unique quality for potential collaboration, understanding, and insight that is not found in other allopathic communities.

Specifically, our Delphi study seeks to increase awareness of specific patient intake questions that are relevant, and important to all four fields as a way of defining

commonality. It does not, however, address medical practitioners' perceptions and attitudes toward other fields of medicine or the efficacy of CAM therapies specifically.

This study, as part of the National Institutes of Health National Center for Complementary and Alternative Medicine, Oregon Health and Sciences University School of Medicine Educational Grant (R25), was performed in collaboration with Western States Chiropractic College, National College of Naturopathic Medicine, and Oregon College of Oriental Medicine. The purpose of the grant is to promote CAM literacy within allopathic medical students.

As a result of the Delphi study, we developed an integrated patient history intake tool that will be incorporated into use at the Integrative Clinic at Oregon Health and Sciences University. The objectives of this study were to identify common patient history intake questions, create an intake tool that can be shared among medical practitioners from different fields seeing the same patients and thus enhance the cooperation of CAM and allopathic medical providers.

Methods

Expert rather than general or informal opinion often is sought in the development of critical educational tools. A Delphi technique is an approach to gather reliable data from experts in a large geographic region in a short period of time [10]. A conventional Delphi technique uses a three round process. In the first round researchers gather information, usually by soliciting participants for issues surrounding a topic. These issues may be a list of evaluation criteria, or questions needed on an examination tool. In round two the participants are asked to narrow the original points by ranking or rating in some manner. Often a Likert scale is used. In

round three, the participants are given feedback on the rankings or ratings of all the participants, and asked to rank or rate the points again. Clayton considered the Delphi technique as a way to obtain the most reliable consensus of opinion from a group of experts [10].

There are many advantages to a Delphi approach. First, it has the ability to collect and organize judgments in a systematic fashion. A Delphi study also allows researchers to gain input, establish priorities, and to build consensus through the use of expert opinion [10]. A Delphi technique, like any questionnaire-based study, also have disadvantages, including compliance issues and survey design challenges.

To obtain reliable expert opinion on the importance of specific patient history intake questions, a modified Delphi technique was employed. In a conventional Delphi technique participants are asked to supply information and opinions as to the points of issue in the first round of gathering information. In the modified technique, used in the current study, the Delphi panel, faculty members from each of the four participating institutions, supplied currently used patient history intake forms to generate the patient history intake questions of interest. These were then supplied to Oregon healthcare practitioners. The modified technique was advantageous because it reduced the amount of overlap of supplied intake forms used to generate the list of intake questions. We considered the intake forms supplied by each institution to be representative of those in use by practitioners. The remaining rounds of the Delphi technique were followed. In round two, participants were asked to tailor the list by rating the importance of the supplied questions and providing additional input through open-ended questions. In round three, participants were asked to rate the importance

of the questions according to the percentage of participants who rated each question “High” to finalize the list of intake questions to include in the final tool.

The Delphi study was approved by expedited review through the Institutional Review Board at Oregon State University in May 2002. A series of two surveys were carried out in eleven weeks during the fall of 2002. The surveys consisted of a cover letter explaining the intention to develop an integrative patient history intake tool to be used in conjunction with a proposed National Institutes of Health National Center for Complementary and Alternative Medicine Educational Grant (R25). The aim of the surveys was to identify those questions that the healthcare practitioners deemed important to include in a patient history intake form. A total of 106 questionnaires were sent to Oregon healthcare practitioners in the fields of allopathic medicine, naturopathic medicine, chiropractic medicine and traditional Chinese medicine.

Table 1. Delphi Study Format

Delphi Panel	Faculty member from each institution
Participants	Oregon Healthcare Experts – MD, ND, DC, LAc
Round One	<ol style="list-style-type: none"> 1. Identify Topic and Goal 2. Gather Experts 3. Collect Initial Opinion Data
Round Two	<ol style="list-style-type: none"> 1. Summarize and Share Opinions 2. Recollect New Opinion (Data)
Round Three	<ol style="list-style-type: none"> 1. Summarize Data 2. Develop New Tool

Delphi Panel

In a conventional Delphi study, the Delphi panel would consist of those participants who completed the entire study. In terms of this paper the Delphi panel consisted of those members from each institution who provided information and expertise surrounding their field of medicine. Their expertise was used to establish face and content validity for the surveys generated. One faculty member from each of the following institutions: Oregon Health and Sciences University, the National College of Naturopathic Medicine, Western States Chiropractic College, and the Oregon College of Oriental Medicine sat on the Delphi panel. Panel members were asked to participate by the head personnel of each institution during the planning stages of the National Institutes of Health National Center for Complementary and Alternative Medicine Educational Grant for Oregon Health and Sciences University. Panel members are listed in Appendix A.

Oregon Healthcare Practitioner Participants

The Delphi panel identified the healthcare practitioners surveyed. Each member of the panel referred a list of approximately thirty practitioners in his/her field to be solicited for participation in the Delphi process. The practitioners from each field were inquired to participate through a solicitation letter (Appendix B), which was sent out approximately one week before the first survey. Due to incomplete, incorrect, or unavailable addresses supplied by the Delphi panel, only 106 participants received the solicitation letter and subsequently SURVEY I. A letter of informed consent (Appendix C) was included with each survey. All participants who received the first survey were considered the initial sample. Only healthcare practitioners from Oregon

were included in the Delphi process, even if original addresses were forwarded to an out-of-state address. Table 2 details the study participants.

Table 2. Study Participants

	Medical Doctors	Naturopathic Doctors	Chiropractic Doctors	Licensed Acupuncturists	Total
Sent solicitation letter	26	29	30	28	115
Retuned incomplete addresses	3	2	0	2	7
Out-of-state addresses	0	2	0	0	2
Included in initial sample	23	25	30	28	106

Round One: Development of SURVEY I

The Delphi panel contributed current use patient history intake forms to identify patient history intake questions to be included in SURVEY I. These forms were considered representative of history intake forms currently in use in the state of Oregon. The Delphi panel also contributed patient history intake questions that were asked orally during a patient history intake interview. Questions that were found to be redundant and overlapping were excluded from the initial survey. Table 3 details the itemization of SURVEY I and II. The patient history intake questions were defined to six categories: personal health history, drugs and medications, review of systems, lifestyle, family health, and social health. Table 4 details the total number of questions in each category for each survey. The initial survey totaled three hundred forty-three questions including nine demographic, six “importance of category”, seven open

ended, and 321 patient history intake questions. SURVEY I questions are listed in Appendix D.

Table 3. Survey Questions

Question Type	SURVEY I	SURVEY II
Demographic	9	0
Category Importance	6	0
Open-Ended	7	0
Patient History Intake	321	463
Total	343	463

Table 4. Total Number of Category Questions for SURVEY I and SURVEY II.

Category	SURVEY I	SURVEY II
Personal Health	70	96
Drugs and Medications	16	27
Review of Systems	165	206
Lifestyle	40	69
Family Health	10	18
Social Health	6	25

A solicitation letter was sent to one-hundred-six (106) Oregon healthcare practitioners from the individual Delphi panel explaining the intention to develop an integrative patient history intake tool to be used in conjunction with a proposed National Institutes of Health National Center for Complementary and Alternative Medicine Educational Grant. One week later, SURVEY I was sent to the 106

healthcare practitioners along with an informed consent letter detailing the aim of the survey. Delphi members and researchers signed the informed consent letter to facilitate participants' returns. The participants were first asked to rate the importance of each category, as defined earlier, by answering Yes or No questions. Then the participants were asked to rate the importance of each patient history intake question on a scale of None, Moderate, High Importance, or No Opinion. At the end of each category, an open-ended question solicited additional questions from the participants to be included in that category. The participants also were invited to provide additional comments pertaining to suggested questions and the survey overall.

Approximately ten days after SURVEY I was sent out, another SURVEY I was mailed out to the 106 healthcare practitioners in order to improve response rate. The second mailing of SURVEY I included a current response rate card that detailed the response rate of each field to date.

Round Two: Development of SURVEY II

Sixty-nine healthcare practitioners returned SURVEY I, and sixty-eight completed the survey. Based on the overall response, and after further exclusion of redundant questions, 463 questions were grouped into three "percent response" sections in each category. The three "percent response" sections were: 75-100% of participants rated the following questions "High", 50-75% of participants rated the following questions "High", and less than 50% of participants rated the following questions "High". An additional 150 questions were suggested by participants, which were also included into the following survey. SURVEY II questions are listed in Appendix E.

SURVEY II was sent to the sixty-eight participants who completed SURVEY I. Participants were asked to rate each patient history intake question again based on the “percent response” rating given from SURVEY I. Approximately ten days after the first mailing of SURVEY II, a reminder survey was sent to the sixty-eight participants.

Round Three: Development of an Integrated Patient History Intake Tool

Fifty healthcare practitioners returned and completed SURVEY II. Following inclusion criteria, fifty-two questions were identified for the Integrative Patient History Intake Tool.

Inclusion Criteria

In order for a patient history intake question to be included in the final tool, the question needed to receive a rating of “HIGH” by 70% or more from the participants in each of the four fields, and agreement of that rating among the four groups of at least 75%. Inclusion criteria for three survey questions are demonstrated in Table 5.

Role of Funding Source

This research was funded by an educational grant from the National Institutes of Health National Center for Complementary and Alternative Medicine for the School of Medicine at Oregon Health and Sciences University. The research was conducted in collaboration with the National College of Naturopathic Medicine, Oregon College of Oriental Medicine, and Western States Chiropractic College. The funding agency did not have access to the primary data, nor did it review the manuscript before submission to Alternative Therapies.

Table 5. Inclusion Criteria for Three Example Questions

	Included	NOT Included	NOT Included
	<i>Question 4a:</i> List all medications, supplements, vitamins, medicinal herbs, and non-prescription medications that you currently take:	<i>Question 23:</i> Did you have any abnormalities at your last PAP exam?	<i>Question 30b:</i> Are you currently or have you ever been in a relationship in which you were physically hurt, threatened or made to feel afraid?
	Percent Rated HIGH	Percent Rated HIGH	Percent Rated HIGH
Medical Doctors	90.0%	67%	100%
Naturopathic Doctors	100%	92%	38.5%
Chiropractic Doctors	71.4%	46%	41.7%
Licensed Acupuncturists	50.0%	78%	10.0%
Inter-Group Percent Agreement	75 %	50 %	25 %

Results

Fifty (50) of the one-hundred-six (106) healthcare practitioners invited to participate completed both surveys of the Delphi process (47.2%). The number of healthcare practitioners who responded to each survey is shown in Table 6. Table 6 includes the total number of experts of each participating group: medical doctors, naturopathic doctors, chiropractic doctors, and licensed acupuncturists.

Table 6. Experts Involved in Each Stage of Delphi Process

	Medical Doctors	Naturopathic Doctors	Chiropractic Doctors	Licensed Acupuncturists	Total
Invited to Participate	23	25	30	28	106
SURVEY I					
Returned	16	15	22	16	69
Completed	15	15	22	16	68 (64%)
SURVEY II					
Returned	10	14	16	10	50
Completed	10	14	16	10	50 (74%)
Overall Response Rate	43%	56%	53%	36%	(47%) 50 /106

Three hundred twenty-one (321) patient history intake questions were identified for inclusion in SURVEY I by the Delphi panel, which were grouped into six categories. Table 7 shows the number of questions that received a rating of “High” in each category, according to the “percent response” from the overall participants.

At the end of the third round, fifty-two patient history intake questions qualified for inclusion in the final Integrated Patient History Intake Tool. Therefore, at least seventy percent (70%) of each group of healthcare practitioners gave the question a rating of ‘HIGH’ and 75% of the groups agreed upon this rating. The final list of included questions can be found in Appendix F.

Table 7. Questions Rated HIGH by Total Participants of SURVEY I According to Category

Questions Rated HIGH by Total Participants			
	75-100%	50-75%	< 50%
SURVEY I	41	179	93
Personal Health	9	25	34
Drugs and Medications	2	11	2
Review of Systems	25	115	37
Lifestyle	5	16	16
Family Health	0	9	1
Social Health	0	3	3

Discussion

The main findings of this Delphi study were a group of questions that four various fields of allopathic, complementary, and alternative medicine agreed upon as important to include in a patient history intake form. Of the 463 questions detailed in the surveys, the fifty Oregon healthcare practitioners agreed upon 11% of questions considered important by all to be included in a patient history intake. Although the study set out to determine the areas of similarity among allopathic, complementary and alternative medicine, the study reported a greater difference (89%) than similarity (11%). It is necessary to define commonalities among allopathic and CAM, as the demand for CAM increases practice in the US; it is however also pertinent to determine to the extent of these similarities. This study demonstrated how different the four paradigms actually are in that 89% of patient history intake questions were not agreed upon. The uniqueness of each field, as seen in contrasting opinions

pertaining to patient history intake questions, illustrates the challenges allopathic, complementary and alternative medicine will face sharing an integrative tool and other patient assessment instruments. The numerous approaches to patient history intake questions may be one reason why communication is difficult among practices. Each discipline has a distinct view of the importance of certain intake and history questions. When practices are not asking the same questions as other disciplines it is difficult to communicate conclusions regarding patient care. Expert opinion, through the Delphi study, demonstrated the need for a true integrated and comprehensive approach to medical history taking that can be used in both allopathic medicine and complementary and alternative medicine for prevention measures, lifestyle assessment, and increased referrals.

An interesting point to make is that the final intake tool is most similar to a medical doctors history-taking tool. However, medical doctors do not have a review of systems section, which ended up being almost half of the question included in the final intake tool. Considering the review of systems section, the final tool corresponds with a naturopathic or Traditional Chinese Medicine intake form just as well as the medical doctors intake form.

Sources of error in this study include the modification of round one in gathering information, the lack of real time dialogue, and questionnaire fatigue. In round one, the Delphi panel supplied current use intake forms from their institutions. The Delphi panel considered these intake forms to be representative of current practice forms in the state of Oregon. By not gathering forms directly from the practitioners, however, the study may have neglected some intake questions. Due to the nature of a

Delphi process, face-to-face contact is mitigated by collection of opinion through questionnaire format. This process, therefore, does not allow for real time dialogue of the aim of the study to take place. Different participants, due to the lack of discussion, may have interpreted the goal of the research differently. Another source of error in this study can be attributed to survey fatigue. Our surveys, as seen in Appendices 2 and 3, were long, detailed and time intensive questionnaires. By the end of two surveys, participants commented that they were tired of the surveys and felt that this was too much information to be presented to patients at once. Fatigue may have affected some participants' answers as to the actual importance they would have attributed to any one question.

A small study population also limited our results. The study only surveyed 106 practitioners in the state of Oregon and our results can be generalized only to practices within the state of Oregon.

These possible sources of error notwithstanding, the purpose of this study was to bring together Oregon healthcare practitioners from allopathic, complementary and alternative medicine to identify a core group of questions that all fields considered important to include on an integrated intake tool. Our Delphi study illustrated differences that are held unique for each paradigm of medicine. Determining unique characteristics of complementary and alternative medicine from allopathic medicine, nonetheless, is an important aspect of building collaboration among allopathic and CAM providers within the state of Oregon. The proposed model of an integrated patient history intake form provides a platform from which to build further cooperation and awareness.

As our study was limited to a small sample population it would be appropriate to conduct this research with a larger, perhaps national, sample population. By doing so the results could be generalized to a greater population of practitioners. A larger study population also might highlight a stronger commonality than found here.

Even though our study set out to determine those questions that were important to allopathic and CAM practitioners, the assumption cannot be made that all of these questions are being asked within the practices surveyed. Therefore, future research is required to evaluate the correlation between importance attributed to questions on patient history intake forms and the actuality of the questions being asked, either on a form or in an initial patient interview. A statistical evaluation could highlight the gap between the demand to obtain all aspects of a health history and the current intake practices of allopathic, complementary and alternative medicine.

As a result of this study, further research understanding commonality and distinguishing differences amongst allopathic and CAM practitioners is warranted. This study clarifies a need to look at areas of shared knowledge among allopathic, complementary and alternative medicine. Through future research, differences can be defined in order for unique characteristics to be maintained while building a common integration of medical practice.

Bibliography

1. *What is complementary and alternative medicine (CAM)?* 2002, NCCAM Publication N. D156.
2. Kessler, R.C., et al., *Long-Term Trends in the Use of Complementary and Alternative Medical Therapies in the United States*. Annals of Internal Medicine, 2001. **135**: p. 262-268.
3. Eisenberg, D.M., et al., *Trends in Alternative Medicine Use in the United States, 1990-1997. Results of a follow-up National Survey*. JAMA, 1998. **280**(18): p. 1569-1575.
4. Eisenberg, D.M., et al., *Perceptions about Complementary Therapies Relative to Conventional Therapies among Adults Who Use Both: Results from a National Survey*. Annals of Internal Medicine, 2001. **135**: p. 344-351.
5. Weil, A., *The Significance of Integrative Medicine for the Future of Medical Education*. American Journal of Medicine, 2000. **108**: p. 441-443.
6. Irwin, R., *Referral patterns between complementary and alternative (CAM) and conventional medicine: a survey of CAM practitioners in Oregon.*, in *Public Health and Preventive Medicine*. 2000, Oregon Health and Sciences University: Portland.
7. Jonas, W., *Alternative medicine and the conventional practitioner*. JAMA, 1998. **279**: p. 708-709.
8. Lisansky, E., *History Taking and Interviewing*. Modern Treatment, 1969. **6**(4): p. 656-687.
9. Kaptchuk, T.J. and D.M. Eisenberg, *Varieties of Healing. 2: A Taxonomy of Unconventional Healing Practices*. Annals of Internal Medicine, 2001. **135**: p. 186-204.
10. Clayton, M., *Delphi: A technique to harness expert opinion for critical decision-making tasks in education*. Educational Psychology., 1997. **17**: p. 373-387.

APPENDICES

Appendix A: Delphi Panel Names

List of Delphi Panel Members

Meg Hayes, MD *Oregon Health and Sciences University*

Richard Barrett, ND *National College of Naturopathic Medicine*

David Peterson, DC *Western States Chiropractic College*

Lili Zheng, L.Ac. *Oregon College of Naturopathic Medicine*

Appendix B: Solicitation Letter

Department of Public Health
264 Waldo Hall
Oregon State University
Corvallis, OR 97331

October 18, 2002

Dear Health Care Provider,

In a few days you will be receiving a survey that is designed to determine those questions in a new patient history intake that are common to allopathic and complementary/ alternative medicine (CAM). Your name has been selected from the Oregon Medical Association, making you one of relatively few MDs that are being asked to participate in this study.

The survey has been developed and is being implemented by Michaela Meiser, a Masters of Public Health student from Oregon State University. Ms. Meiser is working with OHSU's School of Medicine, as well as the National College of Naturopathic Medicine (NCNM), Western States Chiropractic College (WSCC), and Oregon College of Oriental Medicine (OCOM), to identify the study area and assess survey results.

The research will help us determine those questions on patient history intake forms that are considered important to all disciplines. Survey analysis will result in the development of a new patient history intake form, which will be used in a NIH NCCAM Educational Grant through the School of Medicine at OHSU. This grant plans to launch 4-year longitudinal CAM curriculum at OHSU through a collaborative effort with NCNM, WSCC, and OCOM. The objective of this grant is to increase the awareness of CAM therapies for future medical practitioners and enhance the cooperation of CAM and allopathic medical providers. Also, there is the potential for publication of a new patient history intake form, which can be utilized by all four disciplines.

The survey is completely voluntary, and confidential. Your name will in no way be linked to your responses.

Please return your completed form for survey one by October 21, 2002 in the envelope provided. Thank you in advance for your participation in the study.

Sincerely,

Meg Hayes, M.D.
Medical Director
OHSU Health Centers EJH & Scappoose

Appendix C: Letter of Informed Consent

Department of Public Health
264 Waldo Hall
Oregon State University
Corvallis, OR 97331

October 25, 2002

Dear Health Care Provider:

You have been nominated by the Delphi Panel below to participate in the following Delphi study of a new patient history intake. Attached you will find a survey designed to determine those factors in a new patient history intake that are common to both allopathic and complementary/alternative medicine (CAM). These terms are understood to be controversial, and unfortunately we have found no term ideal or universally accepted. For the purposes of this study the term allopathic medicine is used, instead of conventional or traditional medicine, to refer to both medical doctors (M.D.) and doctors of osteopathy (D.O.). The terms complementary and alternative medicine will refer to chiropractic, naturopathic, and traditional Chinese medicine.

The intake and documentation of a patient medical history is the cornerstone of effective medical treatment. With the increase of complementary/alternative medical therapies available, many Oregonians use both allopathic and CAM therapies in conjunction for their medical needs. This Delphi study is designed to bring together medical practitioners from four different disciplines in order to determine those intake questions that are central to all four fields. This study will lead to the development of a new patient intake questionnaire to be used in an NIH NCCAM Educational grant by OHSU in conjunction with NCNM, WSCC, and OCOM. Also, this new patient history intake form will be submitted for publication so that the core intake form may be used by all four disciplines.

Your participation in this Delphi questionnaire is greatly appreciated. The details of the study are included in an attachment along with the survey. The questionnaire is estimated to take fewer than 25 minutes to complete. Your participation in this study is voluntary and you may refuse to answer any question. Only a small sample of practitioners will receive the surveys, so your participation is vital to the study. Please return the survey in the enclosed stamped envelope by **November 7, 2002**.

All responses will be kept completely confidential. Each survey will be coded in order to track responses, as well as to avoid duplicate questionnaires being sent to those who already have responded. All identifying information will be destroyed upon completion of the study. Please call Michaela Meiser at (541) 753-3992, if you have any questions. Should you have questions about your rights as a research subject, please contact the IRB coordinator, OSU Research Office, (541) 737-3437. Thank you again for your participation.

Michaela Meiser
*Department of
Public Health
Oregon State University*

**Anne Nedrow,
M.D.**
*Oregon Health and Sciences
University*

Richard Barrett, N.D.
*National College of
Naturopathic Medicine*

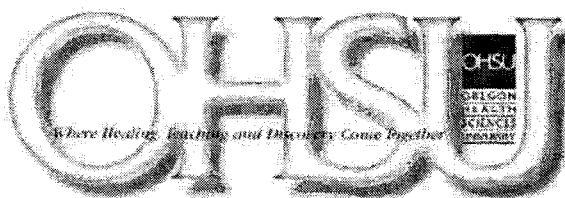
Meg Hayes, M.D.
*Oregon Health and
Sciences University*

Lili Zheng, L.Ac.
*Oregon College of
Oriental Medicine*

Dave Peterson, D.C.
*Western States
Chiropractic College*

Appendix D: Patient History Intake SURVEY I:
Assessment of Expert Opinion

Patient History Intake Survey I Assessment of Expert Opinion



WESTERN STATES
CHIROPRACTIC COLLEGE



NATIONAL COLLEGE
OF NATUROPATHIC
MEDICINE

OREGON COLLEGE
OF
ORIENTAL MEDICINE

School of Medicine
Oregon Health and Sciences University

Please return your completed questionnaire in the enclosed envelope to:
Department of Public Health
Oregon State University
Corvallis, OR 97331-6406

Practitioner Demographics

Patient History Intake Survey

Instructions: Below are questions pertaining to your practice and personal demographics. Please respond to each question by marking the answers as indicated.

- Q1. How many years have you been in practice? _____ YEARS
- Q2. On average, how many hours per week do you see patients? _____ HOURS PER WEEK
- Q3. On average, how many patients do you see in a week: _____ PATIENTS A WEEK
- Q4. On average how many NEW patients do you see in a week: _____ PATIENTS A WEEK
- Q5. Please estimate the number of hours you will spend/ have spent attending health care related conferences, meetings, seminars from January 1, 2002 to January 1, 2003: _____ HOURS
- Q6. Please indicate professional degrees completed (Circle all numbers that apply)
- 1 DOCTOR OF CHIROPRACTIC (D.C.)
 - 2 LISCENSED ACUPUNTURIST (L.Ac.)
 - 3 MEDICAL DOCTOR (M.D.) UNITED STATES LICENSE
 - 4 MEDICAL DOCTOR (M.D.) FOREIGN COUNTRY LICENSE
 - 5 NATUROPATHIC DOCTOR (N.D.)
 - 6 OSTEOPATHIC DOCTOR (O.D.)
- Q7. Please indicate which of the following best describes your primary professional identity (Circle only one number):
- 2 DOCTOR OF CHIROPRACTIC (D.C.)
 - 2 LISCENSED ACUPUNTURIST (L.Ac.)
 - 3 MEDICAL DOCTOR (M.D.) UNITED STATES LICENSE
 - 4 MEDICAL DOCTOR (M.D.) FOREIGN COUNTRY LICENSE
 - 5 NATUROPATHIC DOCTOR (N.D.)
 - 6 OSTEOPATHIC DOCTOR (O.D.)
- Q8. Age _____ YEARS
- Q9. Gender (Please circle): FEMALE MALE

Personal Health History

Patient History Intake Survey

Instructions: Following are questions being considered for a new patient history intake form. Please respond to each question as indicated.

Q10. Do you consider it important to ask about PERSONAL HEALTH history during a patient history intake? (Please circle one number)

- 1 NO → SKIP TO Q13 DRUGS AND MEDICATIONS
2 YES

Q11. Listed below are PERSONAL HEALTH questions, which are being considered for a patient history intake form. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
		NONE	MODERATE	HIGH	NO OPINION
a.	What hospitalizations or surgeries have you had?	NONE	MODERATE	HIGH	NO OPINION
b.	Indicate the following illnesses you have had?	NONE	MODERATE	HIGH	NO OPINION
c.	Alcoholism	NONE	MODERATE	HIGH	NO OPINION
d.	Anemia	NONE	MODERATE	HIGH	NO OPINION
e.	Appendicitis	NONE	MODERATE	HIGH	NO OPINION
f.	Arteriosclerosis	NONE	MODERATE	HIGH	NO OPINION
g.	Arthritis	NONE	MODERATE	HIGH	NO OPINION
h.	Asthma	NONE	MODERATE	HIGH	NO OPINION
i.	Cancer	NONE	MODERATE	HIGH	NO OPINION
j.	Chicken Pox	NONE	MODERATE	HIGH	NO OPINION
k.	Cholera	NONE	MODERATE	HIGH	NO OPINION
l.	Cold Sores	NONE	MODERATE	HIGH	NO OPINION
m.	Depression	NONE	MODERATE	HIGH	NO OPINION
n.	Diabetes	NONE	MODERATE	HIGH	NO OPINION
o.	Eczema	NONE	MODERATE	HIGH	NO OPINION
p.	Edema	NONE	MODERATE	HIGH	NO OPINION
q.	Emphysema	NONE	MODERATE	HIGH	NO OPINION
r.	Epilepsy	NONE	MODERATE	HIGH	NO OPINION
s.	Fever blisters	NONE	MODERATE	HIGH	NO OPINION
t.	Glaucoma	NONE	MODERATE	HIGH	NO OPINION
u.	Hepatitis	NONE	MODERATE	HIGH	NO OPINION
v.	Heart Disease	NONE	MODERATE	HIGH	NO OPINION
w.	Herpes	NONE	MODERATE	HIGH	NO OPINION
x.	High Blood Pressure	NONE	MODERATE	HIGH	NO OPINION

Personal Health History

Patient History Intake Survey

Q11. Listed below are **PERSONAL HEALTH** questions, which are being considered for a patient history intake form. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Indicate the following illnesses you have had					
y.	Influenza	NONE	MODERATE	HIGH	NO OPINIO
z.	Kidney Bladder Trouble	NONE	MODERATE	HIGH	NO OPINION
aa.	Malaria	NONE	MODERATE	HIGH	NO OPINION
bb.	Measles.....	NONE	MODERATE	HIGH	NO OPINION
cc.	Mental Illness	NONE	MODERATE	HIGH	NO OPINION
dd.	Multiple sclerosis	NONE	MODERATE	HIGH	NO OPINION
ee.	Mumps	NONE	MODERATE	HIGH	NO OPINION
ff.	Pacemaker	NONE	MODERATE	HIGH	NO OPINION
gg.	Pleurisy	NONE	MODERATE	HIGH	NO OPINION
hh.	Pneumonia	NONE	MODERATE	HIGH	NO OPINION
ii.	Polio.....	NONE	MODERATE	HIGH	NO OPINION
jj.	Rheumatic fever	NONE	MODERATE	HIGH	NO OPINION
kk.	Scarlet fever.....	NONE	MODERATE	HIGH	NO OPINION
ll.	Stroke.....	NONE	MODERATE	HIGH	NO OPINION
mm.	Stomach Ulcers.....	NONE	MODERATE	HIGH	NO OPINION
nn.	Thyroid Trouble.....	NONE	MODERATE	HIGH	NO OPINION
oo.	Typhoid fever	NONE	MODERATE	HIGH	NO OPINION
pp.	Tuberculosis	NONE	MODERATE	HIGH	NO OPINION
qq.	Venereal Diseases	NONE	MODERATE	HIGH	NO OPINION
rr.	Whooping cough	NONE	MODERATE	HIGH	NO OPINION
ss.	General trauma, accidents, injuries (including residual problems)	NONE	MODERATE	HIGH	NO OPINION
Have you ever					
tt.	Had a broken bone.....	NONE	MODERATE	HIGH	NO OPINION
uu.	Had strains or sprains	NONE	MODERATE	HIGH	NO OPINION
vv.	Used a cane, crutch, or other support ..	NONE	MODERATE	HIGH	NO OPINION
ww.	Been struck unconscious	NONE	MODERATE	HIGH	NO OPINION
xx.	Had chronic or continuing conditions ...	NONE	MODERATE	HIGH	NO OPINION
yy.	Received chiropractic care, naturopathic care, acupuncture, or massage	NONE	MODERATE	HIGH	NO OPINION

Personal Health History

Patient History Intake Survey

Q11. Listed below are PERSONAL HEALTH questions, which are being considered for a patient history intake form. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
zz.	When did you last go to a doctor's office, medical clinic, or hospital?	NONE	MODERATE	HIGH	NO OPINION
aaa.	What was the reason?	NONE	MODERATE	HIGH	NO OPINION

Have you ever had any of the following

bbb.	Electrocardiogram	NONE	MODERATE	HIGH	NO OPINION
ccc.	X-rays	NONE	MODERATE	HIGH	NO OPINION
ddd.	CT scan	NONE	MODERATE	HIGH	NO OPINION
eee.	Bone density scan	NONE	MODERATE	HIGH	NO OPINION
fff.	Electroencephalogram	NONE	MODERATE	HIGH	NO OPINION
ggg.	Mammogram	NONE	MODERATE	HIGH	NO OPINION
hhh.	MRI	NONE	MODERATE	HIGH	NO OPINION
iii.	Spinal x-ray	NONE	MODERATE	HIGH	NO OPINION
jjj.	Spinal examination	NONE	MODERATE	HIGH	NO OPINION
kkk.	Physical examination	NONE	MODERATE	HIGH	NO OPINION
lll.	Do you have allergies to foods, drugs, or other allergens in your environment (cats, mold, dust)?	NONE	MODERATE	HIGH	NO OPINION
mmm.	What immunizations have you had? (Diphtheria, polio, tetanus shot, measles/mumps/rubella, pertussis)	NONE	MODERATE	HIGH	NO OPINION
nnn.	What is your weight?	NONE	MODERATE	HIGH	NO OPINION
ooo.	What was your weight one year ago?	NONE	MODERATE	HIGH	NO OPINION
ppp.	What is your height?	NONE	MODERATE	HIGH	NO OPINION
qqq.	At what age were you at your maximum weight?	NONE	MODERATE	HIGH	NO OPINION

Q12. Are there any more PERSONAL HEALTH questions that you feel are important to ask during a patient history intake? (Please list them below)

Drugs and Medications

Patient History Intake Survey

Q13. Do you consider it important to ask about **DRUG AND MEDICATION** history during a patient history intake? (Please circle)

- 1 NO → SKIP TO Q16 REVIEW OF SYSTEMS
2 YES

Q14. Listed below are questions relating to **DRUG AND MEDICATION** history, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
a.	Please check any of the following that you currently take	NONE	MODERATE	HIGH	NO OPINION
b.	Pain relievers (aspirin, Tylenol, etc.),.....	NONE	MODERATE	HIGH	NO OPINION
c.	Diet pills/ appetite suppressants	NONE	MODERATE	HIGH	NO OPINION
d.	Cortisone (cream or pills).....	NONE	MODERATE	HIGH	NO OPINION
e.	Thyroid medication.....	NONE	MODERATE	HIGH	NO OPINION
f.	Sleeping pills.....	NONE	MODERATE	HIGH	NO OPINION
g.	Antacids (Rolaids or Tums)	NONE	MODERATE	HIGH	NO OPINION
h.	Laxative	NONE	MODERATE	HIGH	NO OPINION
i.	Tranquilizers	NONE	MODERATE	HIGH	NO OPINION
j.	Other drugs / medications.....	NONE	MODERATE	HIGH	NO OPINION
k.	In what doses do you take these medications?	NONE	MODERATE	HIGH	NO OPINION
l.	How often do you take them?	NONE	MODERATE	HIGH	NO OPINION
m.	For what problems are you taking them?	NONE	MODERATE	HIGH	NO OPINION
n.	List all supplements that you currently take	NONE	MODERATE	HIGH	NO OPINION
o.	List allergies / medication reactions and indicate type of reaction	NONE	MODERATE	HIGH	NO OPINION

Q15. Are there any more questions about **DRUG AND MEDICATION** history that you feel are important to ask during a patient history intake? (List them below)

Review of Systems

Patient History Intake Survey

Q16. Do you consider it important to take a REVIEW OF SYSTEMS during a patient history intake? (Circle)

- 1 NO → SKIP TO Q37 LIFESTYLE
2 YES



Q17. Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Indicate any of the following you have had					
a.	Chills	NONE	MODERATE	HIGH	NO OPINION
b.	Convulsions	NONE	MODERATE	HIGH	NO OPINION
c.	Dizziness	NONE	MODERATE	HIGH	NO OPINION
d.	Fainting	NONE	MODERATE	HIGH	NO OPINION
e.	Fatigue	NONE	MODERATE	HIGH	NO OPINION
f.	Fever	NONE	MODERATE	HIGH	NO OPINION
g.	Headache	NONE	MODERATE	HIGH	NO OPINION
h.	Loss of sleep	NONE	MODERATE	HIGH	NO OPINION
i.	Loss of weight	NONE	MODERATE	HIGH	NO OPINION
j.	Nervousness	NONE	MODERATE	HIGH	NO OPINION
k.	Depression	NONE	MODERATE	HIGH	NO OPINION
l.	Neuralgia	NONE	MODERATE	HIGH	NO OPINION
m.	Numbness	NONE	MODERATE	HIGH	NO OPINION
n.	Sweats	NONE	MODERATE	HIGH	NO OPINION
o.	Tremors	NONE	MODERATE	HIGH	NO OPINION

Q18. Ears

a.	Deafness	NONE	MODERATE	HIGH	NO OPINION
b.	Ear discharge	NONE	MODERATE	HIGH	NO OPINION
c.	Ear noise	NONE	MODERATE	HIGH	NO OPINION
d.	Impaired hearing	NONE	MODERATE	HIGH	NO OPINION
e.	Earache	NONE	MODERATE	HIGH	NO OPINION
f.	Dizziness	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Q19. Head					
a.	Headache	NONE	MODERATE	HIGH	NO OPINION
b.	Head injury	NONE	MODERATE	HIGH	NO OPINION
Q20. Eyes					
a.	Crossed eyes	NONE	MODERATE	HIGH	NO OPINION
b.	Failing / impaired vision	NONE	MODERATE	HIGH	NO OPINION
c.	Far sightedness	NONE	MODERATE	HIGH	NO OPINION
d.	Near sightedness	NONE	MODERATE	HIGH	NO OPINION
e.	Glasses or contacts	NONE	MODERATE	HIGH	NO OPINION
f.	Eye pain	NONE	MODERATE	HIGH	NO OPINION
g.	Tearing or dryness	NONE	MODERATE	HIGH	NO OPINION
h.	Double vision	NONE	MODERATE	HIGH	NO OPINION
i.	Glaucoma	NONE	MODERATE	HIGH	NO OPINION
j.	Cataracts	NONE	MODERATE	HIGH	NO OPINION
k.	Blurriness	NONE	MODERATE	HIGH	NO OPINION
l.	Dryness / Redness	NONE	MODERATE	HIGH	NO OPINION
m.	Floaters	NONE	MODERATE	HIGH	NO OPINION
Q21. Skin					
a.	Bruises easily	NONE	MODERATE	HIGH	NO OPINION
b.	Dryness	NONE	MODERATE	HIGH	NO OPINION
c.	Hives or allergy	NONE	MODERATE	HIGH	NO OPINION
d.	Skin eruptions	NONE	MODERATE	HIGH	NO OPINION
e.	Varicose veins	NONE	MODERATE	HIGH	NO OPINION
f.	Rashes or Itching	NONE	MODERATE	HIGH	NO OPINION
g.	Eczema	NONE	MODERATE	HIGH	NO OPINION
h.	Acne	NONE	MODERATE	HIGH	NO OPINION
i.	Color change	NONE	MODERATE	HIGH	NO OPINION
j.	Lumps	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Q22.	Nose and Throat				
a.	Frequent sore throat.....	NONE	MODERATE	HIGH	NO OPINION
b.	Nose bleeds	NONE	MODERATE	HIGH	NO OPINION
c.	Sinus infections.....	NONE	MODERATE	HIGH	NO OPINION
d.	Tonsillitis	NONE	MODERATE	HIGH	NO OPINION
e.	Sore tongue.....	NONE	MODERATE	HIGH	NO OPINION
f.	Gum problems.....	NONE	MODERATE	HIGH	NO OPINION
g.	Hoarseness.....	NONE	MODERATE	HIGH	NO OPINION
h.	Dental cavities / decay.....	NONE	MODERATE	HIGH	NO OPINION
Q23.	Respiratory				
a.	Cough / Chronic cough.....	NONE	MODERATE	HIGH	NO OPINION
b.	Chest pain.....	NONE	MODERATE	HIGH	NO OPINION
c.	Spitting up phlegm.....	NONE	MODERATE	HIGH	NO OPINION
d.	Spitting up blood.....	NONE	MODERATE	HIGH	NO OPINION
e.	Wheezing	NONE	MODERATE	HIGH	NO OPINION
f.	Asthma	NONE	MODERATE	HIGH	NO OPINION
g.	Bronchitis.....	NONE	MODERATE	HIGH	NO OPINION
h.	Pneumonia	NONE	MODERATE	HIGH	NO OPINION
i.	Pleurisy	NONE	MODERATE	HIGH	NO OPINION
j.	Emphysema	NONE	MODERATE	HIGH	NO OPINION
k.	Difficulty or pain on breathing.....	NONE	MODERATE	HIGH	NO OPINION
l.	Shortness of breath	NONE	MODERATE	HIGH	NO OPINION
m.	Tuberculosis	NONE	MODERATE	HIGH	NO OPINION
n.	Congestion	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Q24. Neck					
a.	Lumps	NONE	MODERATE	HIGH	NO OPINION
b.	Swollen glands	NONE	MODERATE	HIGH	NO OPINION
c.	Goiter	NONE	MODERATE	HIGH	NO OPINION
d.	Pain and stiffness	NONE	MODERATE	HIGH	NO OPINION
Q25. Cardiovascular					
a.	Heart disease	NONE	MODERATE	HIGH	NO OPINION
b.	Angina	NONE	MODERATE	HIGH	NO OPINION
c.	Pain over heart	NONE	MODERATE	HIGH	NO OPINION
d.	Poor circulation	NONE	MODERATE	HIGH	NO OPINION
e.	Heartbeat (Rapid, slow, irregular)	NONE	MODERATE	HIGH	NO OPINION
f.	Low blood pressure	NONE	MODERATE	HIGH	NO OPINION
g.	High blood pressure	NONE	MODERATE	HIGH	NO OPINION
h.	Murmurs	NONE	MODERATE	HIGH	NO OPINION
i.	Rheumatic fever	NONE	MODERATE	HIGH	NO OPINION
j.	Chest pain	NONE	MODERATE	HIGH	NO OPINION
k.	Swelling in ankles	NONE	MODERATE	HIGH	NO OPINION
l.	Palpations, fluttering	NONE	MODERATE	HIGH	NO OPINION
Q26. Neurological					
a.	Fainting	NONE	MODERATE	HIGH	NO OPINION
b.	Seizures	NONE	MODERATE	HIGH	NO OPINION
c.	Paralysis	NONE	MODERATE	HIGH	NO OPINION
d.	Muscle weakness	NONE	MODERATE	HIGH	NO OPINION
e.	Numbness or tingling	NONE	MODERATE	HIGH	NO OPINION
f.	Loss of memory	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Indicate the level of importance of each question (Circle your answer)

Potential Questions

Q27. Gastrointestinal

a.	Trouble swallowing.....	NONE	MODERATE	HIGH	NO OPINION
b.	Colon trouble.....	NONE	MODERATE	HIGH	NO OPINION
c.	Constipation	NONE	MODERATE	HIGH	NO OPINION
d.	Diarrhea.....	NONE	MODERATE	HIGH	NO OPINION
e.	Difficult digestion.....	NONE	MODERATE	HIGH	NO OPINION
f.	Bloated abdomen	NONE	MODERATE	HIGH	NO OPINION
g.	Excessive hunger.....	NONE	MODERATE	HIGH	NO OPINION
h.	Gallbladder trouble.....	NONE	MODERATE	HIGH	NO OPINION
i.	Intestinal worms.....	NONE	MODERATE	HIGH	NO OPINION
j.	Pain over stomach.....	NONE	MODERATE	HIGH	NO OPINION
k.	Poor appetite	NONE	MODERATE	HIGH	NO OPINION
l.	Heartburn.....	NONE	MODERATE	HIGH	NO OPINION
m.	Change in thirst.....	NONE	MODERATE	HIGH	NO OPINION
n.	Nausea.....	NONE	MODERATE	HIGH	NO OPINION
o.	Vomiting	NONE	MODERATE	HIGH	NO OPINION
p.	Vomiting blood.....	NONE	MODERATE	HIGH	NO OPINION
q.	Frequency of bowel movements.....	NONE	MODERATE	HIGH	NO OPINION
r.	Blood in the stool.....	NONE	MODERATE	HIGH	NO OPINION
s.	Belching or passing gas.....	NONE	MODERATE	HIGH	NO OPINION
t.	Jaundice (yellow skin)	NONE	MODERATE	HIGH	NO OPINION
u.	Liver disease.....	NONE	MODERATE	HIGH	NO OPINION
v.	Hemorrhoids	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Indicate the level of importance of each question (Circle your answer)

Potential Questions

Q28. Genitourinary

a.	Pain on urination	NONE	MODERATE	HIGH	NO OPINION
b.	Increased frequency of urination	NONE	MODERATE	HIGH	NO OPINION
c.	Frequent urination at night	NONE	MODERATE	HIGH	NO OPINION
d.	Inability to hold urine	NONE	MODERATE	HIGH	NO OPINION
e.	Frequent urinary tract infections	NONE	MODERATE	HIGH	NO OPINION
f.	Kidney stones	NONE	MODERATE	HIGH	NO OPINION
g.	Bed-wetting	NONE	MODERATE	HIGH	NO OPINION
h.	Blood in urine	NONE	MODERATE	HIGH	NO OPINION
i.	Prostate trouble	NONE	MODERATE	HIGH	NO OPINION
j.	Cloudy urine	NONE	MODERATE	HIGH	NO OPINION

Q29. Musculoskeletal

a.	Joint pain or stiffness	NONE	MODERATE	HIGH	NO OPINION
b.	Arthritis	NONE	MODERATE	HIGH	NO OPINION
c.	Bursitis	NONE	MODERATE	HIGH	NO OPINION
d.	Foot trouble	NONE	MODERATE	HIGH	NO OPINION
e.	Hernia	NONE	MODERATE	HIGH	NO OPINION
f.	Low back pain	NONE	MODERATE	HIGH	NO OPINION
g.	Neck pain, stiffness	NONE	MODERATE	HIGH	NO OPINION
h.	Pain between shoulders	NONE	MODERATE	HIGH	NO OPINION
i.	Broken bones	NONE	MODERATE	HIGH	NO OPINION
j.	Muscle pain or spasms	NONE	MODERATE	HIGH	NO OPINION
k.	Weakness	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Indicate the level of importance of each question (Circle your answer)

Potential Questions

- Q30. Peripheral vascular**
- | | | | | | |
|----|------------------------|------|----------|------|------------|
| a. | Deep leg pain | NONE | MODERATE | HIGH | NO OPINION |
| b. | Cold hands / feet..... | NONE | MODERATE | HIGH | NO OPINION |
| c. | Varicose veins..... | NONE | MODERATE | HIGH | NO OPINION |
| d. | Thrombophlebitis | NONE | MODERATE | HIGH | NO OPINION |
- Q31. Emotional**
- | | | | | | |
|----|-----------------------------|------|----------|------|------------|
| a. | Depression | NONE | MODERATE | HIGH | NO OPINION |
| b. | Mood swings..... | NONE | MODERATE | HIGH | NO OPINION |
| c. | Anxiety or nervousness..... | NONE | MODERATE | HIGH | NO OPINION |
| d. | Tension..... | NONE | MODERATE | HIGH | NO OPINION |
- Q32. Endocrine**
- | | | | | | |
|----|--------------------------------|------|----------|------|------------|
| a. | Hypothyroid | NONE | MODERATE | HIGH | NO OPINION |
| b. | Heat or cold intolerance | NONE | MODERATE | HIGH | NO OPINION |
| c. | Excessive hunger..... | NONE | MODERATE | HIGH | NO OPINION |
- Q33. General reproduction / sex**
- | | | | | | |
|----|--|------|----------|------|------------|
| a. | Are you sexually active..... | NONE | MODERATE | HIGH | NO OPINION |
| b. | Sexual Difficulties | NONE | MODERATE | HIGH | NO OPINION |
| c. | Discharge..... | NONE | MODERATE | HIGH | NO OPINION |
| d. | Pain during intercourse..... | NONE | MODERATE | HIGH | NO OPINION |
| e. | Venereal disease | NONE | MODERATE | HIGH | NO OPINION |
| f. | Sexual preference
(heterosexual, bisexual, homosexual)..... | NONE | MODERATE | HIGH | NO OPINION |

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Q34. Female reproduction					
a.	Age menses began	NONE	MODERATE	HIGH	NO OPINION
b.	Irregular cycle	NONE	MODERATE	HIGH	NO OPINION
c.	Length of cycle	NONE	MODERATE	HIGH	NO OPINION
d.	Painful menstruation	NONE	MODERATE	HIGH	NO OPINION
e.	Bleeding between cycle	NONE	MODERATE	HIGH	NO OPINION
f.	Vaginal discharge	NONE	MODERATE	HIGH	NO OPINION
g.	Cramps or backache	NONE	MODERATE	HIGH	NO OPINION
h.	Excessive flow	NONE	MODERATE	HIGH	NO OPINION
i.	Problems with pre-menstrual symptoms	NONE	MODERATE	HIGH	NO OPINION
j.	Birth control - what type	NONE	MODERATE	HIGH	NO OPINION
k.	Number of pregnancies	NONE	MODERATE	HIGH	NO OPINION
l.	Number of live births	NONE	MODERATE	HIGH	NO OPINION
m.	Number of miscarriages	NONE	MODERATE	HIGH	NO OPINION
n.	Number of abortions	NONE	MODERATE	HIGH	NO OPINION
o.	Difficulty conceiving	NONE	MODERATE	HIGH	NO OPINION
p.	Complications with pregnancy	NONE	MODERATE	HIGH	NO OPINION
q.	Menopausal symptoms	NONE	MODERATE	HIGH	NO OPINION
r.	Do you self-breast exam	NONE	MODERATE	HIGH	NO OPINION
s.	Congested breasts	NONE	MODERATE	HIGH	NO OPINION
t.	Lumps in breast	NONE	MODERATE	HIGH	NO OPINION
u.	Pain or tenderness	NONE	MODERATE	HIGH	NO OPINION
v.	Nipple discharge	NONE	MODERATE	HIGH	NO OPINION
w.	Date of last PAP exam	NONE	MODERATE	HIGH	NO OPINION
x.	Any abnormalities	NONE	MODERATE	HIGH	NO OPINION
y.	Date of last physical	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey

Listed below are questions pertaining to a REVIEW OF SYSTEMS, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions

Indicate the level of importance of each question (Circle your answer)

Q35. Male Reproduction

- | | | | | | |
|----|-------------------------|------|----------|------|------------|
| a. | Hernias..... | NONE | MODERATE | HIGH | NO OPINION |
| b. | Testicular masses..... | NONE | MODERATE | HIGH | NO OPINION |
| c. | Testicular pain..... | NONE | MODERATE | HIGH | NO OPINION |
| d. | Prostate disease..... | NONE | MODERATE | HIGH | NO OPINION |
| e. | Venereal disease..... | NONE | MODERATE | HIGH | NO OPINION |
| f. | Discharge or sores..... | NONE | MODERATE | HIGH | NO OPINION |

- Q36. Are there any more questions pertaining to a REVIEW OF SYSTEMS that you feel are important to ask during a patient history intake? (List below)

Lifestyle

Patient History Intake Survey

Q37. Do you consider it important to ask questions about a patient's **LIFESTYLE** during a patient history intake? (Circle)

- 1 NO → SKIP TO Q40 FAMILY HISTORY
2 YES

Q38. Listed below are questions about a patient's **LIFESTYLE**, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)		
a.	Did / Do you use tobacco / cigarettes?NONE	MODERATE	HIGH	NO OPINION
b.	When did you quit?NONE	MODERATE	HIGH	NO OPINION
c.	How much tobacco did / do you use?NONE	MODERATE	HIGH	NO OPINION
d.	For how many years did you use tobacco?NONE	MODERATE	HIGH	NO OPINION
e.	Do you use alcohol?NONE	MODERATE	HIGH	NO OPINION
f.	How many drinks of what kind?NONE	MODERATE	HIGH	NO OPINION
g.	Do you use recreational drugs?NONE	MODERATE	HIGH	NO OPINION
h.	What kind of recreational drugs do you use and how often?NONE	MODERATE	HIGH	NO OPINION
i.	Do you use caffeine?NONE	MODERATE	HIGH	NO OPINION
j.	How much water do you drink in a day?NONE	MODERATE	HIGH	NO OPINION
k.	Do you use a seat belt?NONE	MODERATE	HIGH	NO OPINION
l.	Do you keep firearms in your home?NONE	MODERATE	HIGH	NO OPINION
m.	If yes, are they locked and secured?NONE	MODERATE	HIGH	NO OPINION
n.	What are your main interests and hobbies?NONE	MODERATE	HIGH	NO OPINION
o.	Do you exercise (Y/N)?NONE	MODERATE	HIGH	NO OPINION
p.	How many days per week?NONE	MODERATE	HIGH	NO OPINION
q.	What type of exercise do you do?NONE	MODERATE	HIGH	NO OPINION
r.	Do you eat three meals daily?NONE	MODERATE	HIGH	NO OPINION
s.	What is your typical diet (breakfast, lunch, dinner, snacks)?NONE	MODERATE	HIGH	NO OPINION
t.	What is your sleep pattern?NONE	MODERATE	HIGH	NO OPINION

Patient History Intake Survey

Q38. Listed below are questions about a patient's **LIFESTYLE**, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions		Indicate the level of importance of each question (Circle your answer)			
Do you:					
u.	Awaken rested?	NONE	MODERATE	HIGH	NO OPINION
v.	Sleep well?	NONE	MODERATE	HIGH	NO OPINION
w.	Average 6-8 hours of sleep a night?	NONE	MODERATE	HIGH	NO OPINION
a.	Enjoy your work?	NONE	MODERATE	HIGH	NO OPINION
b.	Spend time outside?	NONE	MODERATE	HIGH	NO OPINION
c.	Take vacations?	NONE	MODERATE	HIGH	NO OPINION
d.	Watch television?	NONE	MODERATE	HIGH	NO OPINION
e.	How many hours per day?	NONE	MODERATE	HIGH	NO OPINION
f.	Have you ever been treated for alcoholism?	NONE	MODERATE	HIGH	NO OPINION
g.	Have you been treated for drug dependence?	NONE	MODERATE	HIGH	NO OPINION
Do you wear:					
h.	Heel lifts?	NONE	MODERATE	HIGH	NO OPINION
i.	Sole lifts?	NONE	MODERATE	HIGH	NO OPINION
j.	Inner soles?	NONE	MODERATE	HIGH	NO OPINION
k.	Platform shoes?	NONE	MODERATE	HIGH	NO OPINION
l.	What is the age of your mattress?	NONE	MODERATE	HIGH	NO OPINION
m.	Do you use a headboard?	NONE	MODERATE	HIGH	NO OPINION
n.	How is the most of your day spent (walking, standing, sitting, other)?	NONE	MODERATE	HIGH	NO OPINION
o.	Do you feel stress has a negative impact on your health and well-being	NONE	MODERATE	HIGH	NO OPINION

Q39. Are there any more questions about a patient's **LIFESTYLE** that you feel are important to ask during a patient history intake? (List below)

Family Health History

Patient History Intake Survey

Q40. Do you consider it important to ask about **FAMILY HEALTH** history during a patient history intake? (Circle)

- 1 NO → SKIP TO Q45 SOCIAL HISTORY
 2 YES

Q41. Listed below are **FAMILY HEALTH** questions, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions

- a. Genogram:**
- Indicate the level of importance of each question (Circle your answer)
- Draw family tree of marriage /
 living situation / children / parents
 with notes on health and deaths etc.NONE MODERATE HIGH NO OPINION
- b.** If anyone in your immediate family has or has had any of the following with details of who, alive or dead, what age of illness or death:
 Alcoholism / Asthma / Birth Defects / Cancer / Diabetes / Epilepsy / Glaucoma / Heart Disease / Hypertension / Kidney Disease / Mental Illness / Stomach ulcers / Stoke / Suicide / Thyroid disease/ High Blood Pressure / Hay fever / Hives / Anemia / Liver Disease / Gallbladder disease / Tuberculosis / Goiter / Heart Murmur / CataractsNONE MODERATE HIGH NO OPINION
- c.** Hereditary disease.....NONE MODERATE HIGH NO OPINION
- d.** Family health problems.....NONE MODERATE HIGH NO OPINION
- Q42. Father**
- a.** Describe your father's health.....NONE MODERATE HIGH NO OPINION
- b.** If your father is deceased,
 at what age did he die?NONE MODERATE HIGH NO OPINION
- c.** What was the cause of death?NONE MODERATE HIGH NO OPINION
- Q43. Mother**
- a.** Describe your mother's healthNONE MODERATE HIGH NO OPINION
- b.** If your mother is deceased,
 at what age did she die?NONE MODERATE HIGH NO OPINION
- c.** What was the cause of death?NONE MODERATE HIGH NO OPINION
- Q44.** Are there any more **FAMILY HEALTH** history questions that you feel are important to ask during a patient history intake? (List below)

Social History

Patient History Intake Survey

Q45. Do you consider it important to ask about SOCIAL history during a patient history intake? (Circle)

1 NO → SKIP TO Q48 LAST QUESTION

2 YES

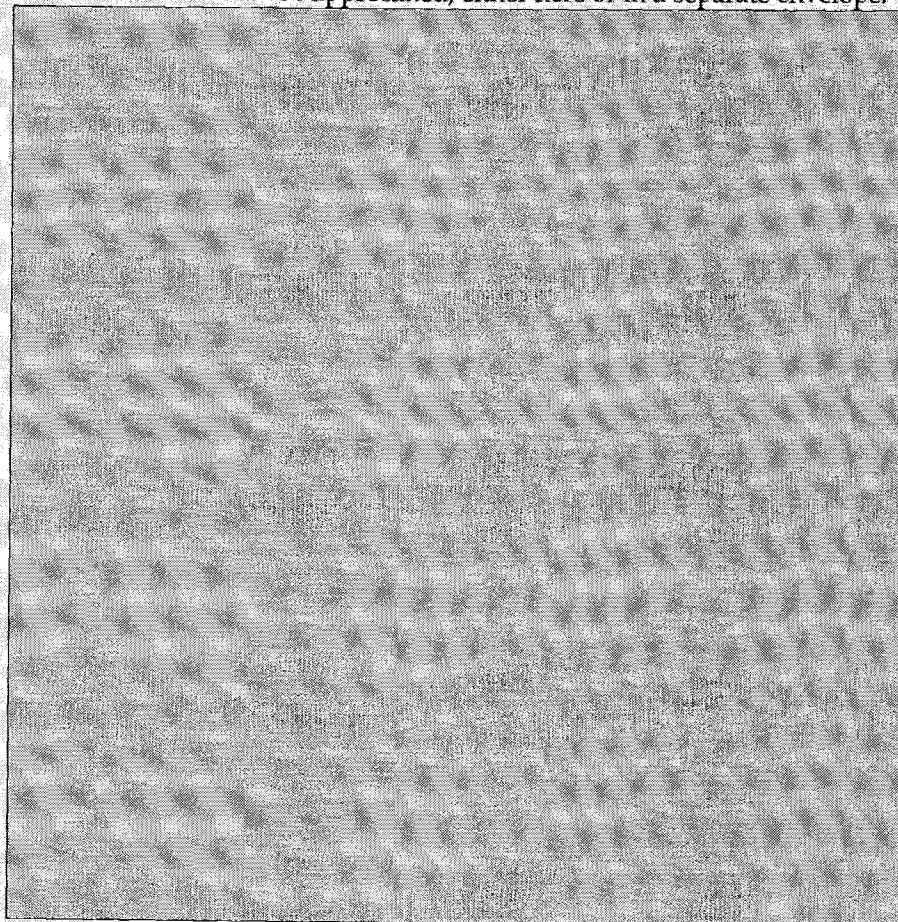
Q46. Listed below are SOCIAL history questions, which are being considered for a patient history intake. Please indicate how important you feel it would be to include each of the following questions on a patient history intake form.

Potential Questions	Indicate the level of importance of each question (Circle your answer)			
a. Occupation (activities / hours)	NONE	MODERATE	HIGH	NO OPINION
b. Years of school completed	NONE	MODERATE	HIGH	NO OPINION
c. Marital status (single, married, divorced/separated, widowed, remarried, living with someone)	NONE	MODERATE	HIGH	NO OPINION
d. Living situation (alone, with roommate, with parents, with spouse, with children, with significant other)	NONE	MODERATE	HIGH	NO OPINION
e. (DV for females > 18 years old) Are you currently or have you ever been in a relationship in which you were physically hurt, threatened, or made to feel afraid?	NONE	MODERATE	HIGH	NO OPINION
f. How many children do you have?	NONE	MODERATE	HIGH	NO OPINION

Q47. Are there any more SOCIAL history questions that you feel are important to ask during a patient history intake? (List below)

Q48. Overall, are there any more questions that you feel are important to ask during a patient history intake? (List below or on the back cover) END OF SURVEY

Your comments will be appreciated, either here or in a separate envelope.



Thank you for your help

*Please return completed questionnaires
by November 15, 2002
in the enclosed envelope to:*

Department of Public Health
Oregon State University
Corvallis, OR 97331-6406

Appendix E: Patient History Intake SURVEY II: Assessment of Expert Opinion

Department of Public Health
264 Waldo Hall
Oregon State University
Corvallis, OR 97331

December 16, 2002

Dear Health Care Provider:

Recently you received and completed the first of two questionnaires titled: PATIENT HISTORY INTAKE SURVEY I. *Thank you for your participation in the first part of this Delphi study.* Included in this mailing you will find another copy of the second questionnaire titled PATIENT HISTORY INTAKE SURVEY II. SURVEY II, in the hopes that you have simply misplaced the first mailing and are still willing to respond. SURVEY II includes questions found in SURVEY I ranked according to participant determined level of importance, along with additional suggested questions by SURVEY I participants. Please take the time to fill out this final survey in order to complete the Delphi Study.

The results of this study will be used to develop a new patient history intake form, which will be piloted in a new integrative clinic at Oregon Health and Sciences University. This clinic was established as part of a OHSU School of Medicine curriculum grant from the National Institutes of Health National Center for Complementary and Alternative Medicine. As mentioned previously, this is a collaborative effort between Oregon Health and Sciences University, the National College of Naturopathic Medicine, Western States Chiropractic College and the Oregon College of Oriental Medicine.

Your participation in this Delphi study is vital and greatly appreciated. Without completion of SURVEY II, SURVEY I results cannot be used. PATIENT HISTORY INTAKE SURVEY II is estimated to take approximately 30 minutes to complete. Your participation in this study is voluntary and you may refuse to answer any question. Thank you in advance for your participation in this research, if you have already mailed your completed survey. However, if you have not had a chance to finish the survey, the deadline has been extended to **December 23, 2002.**

All responses will be kept completely confidential. Each survey will be coded in order to track responses. All identifying information will be destroyed upon completion of the study. Please call Michaela Meiser at (541) 753-3992, if you have any questions. Should you have any questions about your rights as a research subject, please contact the IRB coordinator, OSU Research Office, (541) 737-3437. Thank you again for your participation.

Michaela Meiser
*Department of
Public Health
Oregon State
University*

Anne Nedrow, M.D.
*Oregon Health and Sciences
University*

Richard Barrett, N.D.
*National College of
Naturopathic Medicine*

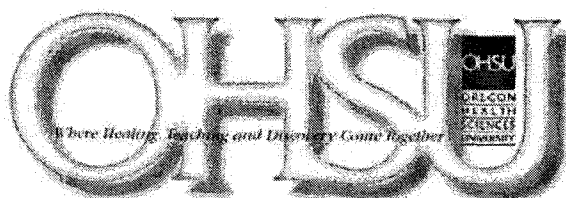
Meg Hayes, M.D.
*Oregon Health and
Sciences University*

Lili Zheng, L.Ac.
*Oregon College of
Oriental Medicine*

Dave Peterson, D.C.
*Western States
Chiropractic College*

Patient History Intake Survey II

Assessment of Expert Opinion



**WESTERN STATES
CHIROPRACTIC COLLEGE**



**NATIONAL COLLEGE
OF NATUROPATHIC
MEDICINE**

**OREGON COLLEGE
OF
ORIENTAL MEDICINE**

School of Medicine
Oregon Health and Sciences University

Please return your completed questionnaire in the enclosed envelope to:

Department of Public Health
Oregon State University
Corvallis, OR 97331-6406

Personal Health History

Patient History Intake Survey II

Instructions: Following are questions being considered for a new patient history intake form. Please respond to each question as indicated.

100% of Survey I participants indicated it was important to ask about **PERSONAL HEALTH HISTORY**.

Q1. Below are **PERSONAL HEALTH** questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

75 – 100 % of Survey I participants rated the following questions with a **HIGH** level of importance. Please rate the level of importance of these questions considering this information.

a. What hospitalizations or surgeries have you had?	NONE	MODERATE	HIGH	NO OPINION
b. Indicate the following illnesses you have had?	NONE	MODERATE	HIGH	NO OPINION
c. Cancer	NONE	MODERATE	HIGH	NO OPINION
d. Depression	NONE	MODERATE	HIGH	NO OPINION
e. Diabetes	NONE	MODERATE	HIGH	NO OPINION
f. Heart Disease	NONE	MODERATE	HIGH	NO OPINION
g. High Blood Pressure	NONE	MODERATE	HIGH	NO OPINION
h. Multiple sclerosis	NONE	MODERATE	HIGH	NO OPINION
Stroke	NONE	MODERATE	HIGH	NO OPINION
i. General trauma, accidents, injuries (including residual problems)	NONE	MODERATE	HIGH	NO OPINION

50 – 75 % of Survey I participants rated the following questions with a **HIGH** level of importance.

Indicate the following illnesses you have had:

j. Alcoholism	NONE	MODERATE	HIGH	NO OPINION
k. Anemia	NONE	MODERATE	HIGH	NO OPINION
l. Arteriosclerosis	NONE	MODERATE	HIGH	NO OPINION
m. Arthritis	NONE	MODERATE	HIGH	NO OPINION
n. Asthma	NONE	MODERATE	HIGH	NO OPINION
o. Edema	NONE	MODERATE	HIGH	NO OPINION
p. Emphysema	NONE	MODERATE	HIGH	NO OPINION
q. Epilepsy	NONE	MODERATE	HIGH	NO OPINION
r. Hepatitis	NONE	MODERATE	HIGH	NO OPINION
s. Kidney Bladder Trouble	NONE	MODERATE	HIGH	NO OPINION
t. Mental Illness	NONE	MODERATE	HIGH	NO OPINION

Personal Health History

Patient History Intake Survey II

Q1. Below are **PERSONAL HEALTH** questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

50 – 75 % of Survey I participants rated the following questions with a **HIGH** level of importance.

Indicate the following you have had:

u.	Pacemaker	NONE	MODERATE	HIGH	NO OPINION
v.	Polio	NONE	MODERATE	HIGH	NO OPINION
w.	Rheumatic fever	NONE	MODERATE	HIGH	NO OPINION
x.	Stomach Ulcers	NONE	MODERATE	HIGH	NO OPINION
y.	Thyroid Trouble	NONE	MODERATE	HIGH	NO OPINION
z.	Tuberculosis	NONE	MODERATE	HIGH	NO OPINION
aa.	Venereal Diseases	NONE	MODERATE	HIGH	NO OPINION

Have you ever:

bb.	Been struck unconscious	NONE	MODERATE	HIGH	NO OPINION
cc.	Had chronic or continuing conditions	NONE	MODERATE	HIGH	NO OPINION
dd.	Received chiropractic care, naturopathic care, acupuncture, or massage	NONE	MODERATE	HIGH	NO OPINION
ee.	When did you last go to a doctor's office, medical clinic, or hospital?	NONE	MODERATE	HIGH	NO OPINION
ff.	What was the reason?	NONE	MODERATE	HIGH	NO OPINION
gg.	Have you ever had a physical examination?	NONE	MODERATE	HIGH	NO OPINION
hh.	Do you have allergies to foods, drugs, or other allergens in your environment (cats, mold, dust)?	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following questions with a **HIGH** level of importance.

ii.	Appendicitis	NONE	MODERATE	HIGH	NO OPINION
jj.	Chicken Pox	NONE	MODERATE	HIGH	NO OPINION
kk.	Cholera	NONE	MODERATE	HIGH	NO OPINION
ll.	Cold Sores	NONE	MODERATE	HIGH	NO OPINION
mm.	Eczema	NONE	MODERATE	HIGH	NO OPINION
nn.	Fever blisters	NONE	MODERATE	HIGH	NO OPINION
oo.	Glaucoma	NONE	MODERATE	HIGH	NO OPINION
pp.	Influenza	NONE	MODERATE	HIGH	NO OPINION

Personal Health History

Patient History Intake Survey II

Q1. Below are PERSONAL HEALTH questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

qq.	Herpes	NONE	MODERATE	HIGH	NO OPINION
rr.	Malaria	NONE	MODERATE	HIGH	NO OPINION
ss.	Measles	NONE	MODERATE	HIGH	NO OPINION
tt.	Mumps	NONE	MODERATE	HIGH	NO OPINION
uu.	Pleurisy	NONE	MODERATE	HIGH	NO OPINION
vv.	Pneumonia	NONE	MODERATE	HIGH	NO OPINION
ww.	Scarlet fever	NONE	MODERATE	HIGH	NO OPINION
xx.	Typhoid fever	NONE	MODERATE	HIGH	NO OPINION
yy.	Whooping cough	NONE	MODERATE	HIGH	NO OPINION
Have you ever					
zz.	Had a broken bone	NONE	MODERATE	HIGH	NO OPINION
aaa.	Used a cane, crutch, or other support	NONE	MODERATE	HIGH	NO OPINION
bbb.	Had strains or sprains	NONE	MODERATE	HIGH	NO OPINION
Have you ever had any of the following					
ccc.	Electrocardiogram	NONE	MODERATE	HIGH	NO OPINION
ddd.	X-rays	NONE	MODERATE	HIGH	NO OPINION
eee.	CT scan	NONE	MODERATE	HIGH	NO OPINION
fff.	Bone density scan	NONE	MODERATE	HIGH	NO OPINION
ggg.	Electroencephalogram	NONE	MODERATE	HIGH	NO OPINION
hhh.	Mammogram	NONE	MODERATE	HIGH	NO OPINION
iii.	MRI	NONE	MODERATE	HIGH	NO OPINION
jjj.	Spinal x-ray	NONE	MODERATE	HIGH	NO OPINION
kkk.	Spinal examination	NONE	MODERATE	HIGH	NO OPINION
lll.	What immunizations have you had?	NONE	MODERATE	HIGH	NO OPINION
mmm.	What is your weight?	NONE	MODERATE	HIGH	NO OPINION
nnn.	What was your weight one year ago?	NONE	MODERATE	HIGH	NO OPINION
ooo.	At what age were you at your				
	maximum weight?	NONE	MODERATE	HIGH	NO OPINION
ppp.	What is your height?	NONE	MODERATE	HIGH	NO OPINION

Personal Health History

Patient History Intake Survey II

Q2. Below are additional **PERSONAL HEALTH HISTORY** questions suggested by Survey I participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

a.	What are your expectations with today's visit?	NONE	MODERATE	HIGH	NO OPINION
b.	Date of last physical / any abnormalities?	NONE	MODERATE	HIGH	NO OPINION
c.	What is the history of present illness?	NONE	MODERATE	HIGH	NO OPINION
d.	Including what makes this condition better/worse, in am/pm?	NONE	MODERATE	HIGH	NO OPINION
e.	How would you describe your health?	NONE	MODERATE	HIGH	NO OPINION
f.	List any serious illnesses you have /have had in the past.....	NONE	MODERATE	HIGH	NO OPINION
g.	What other health concerns do you have?	NONE	MODERATE	HIGH	NO OPINION
h.	Name of primary physician	NONE	MODERATE	HIGH	NO OPINION
i.	How long have you been seeing him / her?	NONE	MODERATE	HIGH	NO OPINION
j.	Are they aware of the problem and what treatment approaches are working or not working?	NONE	MODERATE	HIGH	NO OPINION
k.	What caused your symptoms to appear?	NONE	MODERATE	HIGH	NO OPINION
l.	Was the onset gradual or sudden?	NONE	MODERATE	HIGH	NO OPINION
m.	How long have you had your symptoms?	NONE	MODERATE	HIGH	NO OPINION
n.	Have you had these symptoms before? When?	NONE	MODERATE	HIGH	NO OPINION
o.	What did you do for them?	NONE	MODERATE	HIGH	NO OPINION
p.	What causes your symptoms to increase / decrease?	NONE	MODERATE	HIGH	NO OPINION
q.	What medical practitioners have you seen for your current symptoms?	NONE	MODERATE	HIGH	NO OPINION
r.	Please rank your pain on a scale of 0 - 10.....	NONE	MODERATE	HIGH	NO OPINION
s.	What traumas have you had in your lifetime?	NONE	MODERATE	HIGH	NO OPINION
t.	Have you injured the same area in the past?	NONE	MODERATE	HIGH	NO OPINION
u.	How has this injury / these symptoms impacted your health.....	NONE	MODERATE	HIGH	NO OPINION
v.	Unusual or prolonged childhood or adult illness?	NONE	MODERATE	HIGH	NO OPINION
w.	Do you experience fatigue?	NONE	MODERATE	HIGH	NO OPINION
x.	Any history of motor vehicle collision?	NONE	MODERATE	HIGH	NO OPINION
y.	Have you ever had a bad reaction to an immunization?	NONE	MODERATE	HIGH	NO OPINION
z.	Have you had blood or plasma transfusions?	NONE	MODERATE	HIGH	NO OPINION
aa.	Childhood hyperactivity?	NONE	MODERATE	HIGH	NO OPINION

Drugs and Medications

Patient History Intake Survey II

99 % of Survey I participants indicated it was important to take a DRUG AND MEDICATION history.

Q3. Below are questions relating to DRUG AND MEDICATION history, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Please check any of the following

that you currently takeNONE MODERATE HIGH NO OPINION

b. List allergies / medication reactions and

indicate type of reaction.....NONE MODERATE HIGH NO OPINION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

c. Pain relievers (aspirin, Tylenol, etc.),NONE MODERATE HIGH NO OPINION

d. Diet pills/ appetite suppressantsNONE MODERATE HIGH NO OPINION

e. Cortisone (cream or pills)NONE MODERATE HIGH NO OPINION

f. Thyroid medicationNONE MODERATE HIGH NO OPINION

g. Sleeping pillsNONE MODERATE HIGH NO OPINION

h. LaxativeNONE MODERATE HIGH NO OPINION

i. TranquillizersNONE MODERATE HIGH NO OPINION

j. In what doses do you

take these medications?NONE MODERATE HIGH NO OPINION

k. How often do you take them?NONE MODERATE HIGH NO OPINION

l. For what problems are you

taking them?NONE MODERATE HIGH NO OPINION

m. List all supplements that you

currently takeNONE MODERATE HIGH NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

n. Antacids (Rolaids or Tums)NONE MODERATE HIGH NO OPINION

o. Other drugs / medicationsNONE MODERATE HIGH NO OPINION

Drugs and Medications

Patient History Intake Survey II

Q4. Listed below are additional questions relating to **DRUG AND MEDICATION** history suggested by Survey I participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

- | | | | | |
|--|------|----------|------|------------|
| a. Please list all medications, supplements, vitamins, medicinal herbs, and non-prescription medications | NONE | MODERATE | HIGH | NO OPINION |
| b. How long (duration) have you taken each Rx or supplement? | NONE | MODERATE | HIGH | NO OPINION |
| c. Please list any allergic reactions or problems with medications | NONE | MODERATE | HIGH | NO OPINION |
| d. How many doctors prescribe your medications? | NONE | MODERATE | HIGH | NO OPINION |
| e. Are all your health care providers aware of what you are currently taking? | NONE | MODERATE | HIGH | NO OPINION |
| f. Have you reported problems you may be having as a result of what you are taking? | NONE | MODERATE | HIGH | NO OPINION |
| g. Have you discontinued a prescribed medication and why? | NONE | MODERATE | HIGH | NO OPINION |
| h. What is the effectiveness, 0-10, of your medications? Supplements? | NONE | MODERATE | HIGH | NO OPINION |
| i. Do you notice any side effects from medications? | NONE | MODERATE | HIGH | NO OPINION |
| j. Do you wish to know other treatment options utilizing Chinese medicine for your health concern? | NONE | MODERATE | HIGH | NO OPINION |
| k. Have you ever taken antibiotics? | NONE | MODERATE | HIGH | NO OPINION |
| l. Have you ever taken antidepressants? | NONE | MODERATE | HIGH | NO OPINION |

Review of Systems

Patient History Intake Survey II

97 % of Survey I participants indicated it was important to take a REVIEW OF SYSTEMS.

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q5. GENERAL

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

Indicate any of the following you have had

a. Convulsions.....	NONE	MODERATE	HIGH	NO OPINION
b. Dizziness.....	NONE	MODERATE	HIGH	NO OPINION
c. Fainting.....	NONE	MODERATE	HIGH	NO OPINION
d. Fatigue.....	NONE	MODERATE	HIGH	NO OPINION
e. Headache.....	NONE	MODERATE	HIGH	NO OPINION
f. Loss of sleep.....	NONE	MODERATE	HIGH	NO OPINION
g. Loss of weight.....	NONE	MODERATE	HIGH	NO OPINION
h. Nervousness.....	NONE	MODERATE	HIGH	NO OPINION
i. Depression.....	NONE	MODERATE	HIGH	NO OPINION
j. Neuralgia.....	NONE	MODERATE	HIGH	NO OPINION
k. Numbness.....	NONE	MODERATE	HIGH	NO OPINION
l. Sweats.....	NONE	MODERATE	HIGH	NO OPINION
m. Tremors.....	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

n. Chills.....	NONE	MODERATE	HIGH	NO OPINION
o. Fever.....	NONE	MODERATE	HIGH	NO OPINION

Listed below are additional GENERAL questions suggested by Survey I participants.

p. Compared to other people around you, do you consider yourself to feel cold, hot, or average?	NONE	MODERATE	HIGH	NO OPINION
q. Sensation of cold, cool, warm, or hot? And where?	NONE	MODERATE	HIGH	NO OPINION
r. Blood type	NONE	MODERATE	HIGH	NO OPINION
s. How is your energy overall?	NONE	MODERATE	HIGH	NO OPINION
t. HIV status?	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q6. HEAD

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|---------------------|------|----------|------|------------|
| a. Headache..... | NONE | MODERATE | HIGH | NO OPINION |
| b. Head injury..... | NONE | MODERATE | HIGH | NO OPINION |

Q7. EARS

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|--------------------------|------|----------|------|------------|
| a. Deafness..... | NONE | MODERATE | HIGH | NO OPINION |
| b. Ear noise..... | NONE | MODERATE | HIGH | NO OPINION |
| c. Impaired hearing..... | NONE | MODERATE | HIGH | NO OPINION |
| d. Dizziness..... | NONE | MODERATE | HIGH | NO OPINION |

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|-----------------------|------|----------|------|------------|
| e. Earache..... | NONE | MODERATE | HIGH | NO OPINION |
| f. Ear discharge..... | NONE | MODERATE | HIGH | NO OPINION |

Listed below is an additional EAR question suggested by Survey I participants.

- | | | | | |
|--------------------|------|----------|------|------------|
| g. Excess wax..... | NONE | MODERATE | HIGH | NO OPINION |
|--------------------|------|----------|------|------------|

Q8. EYES

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|-----------------------------------|------|----------|------|------------|
| a. Failing / impaired vision..... | NONE | MODERATE | HIGH | NO OPINION |
| b. Eye pain..... | NONE | MODERATE | HIGH | NO OPINION |
| c. Double vision..... | NONE | MODERATE | HIGH | NO OPINION |
| d. Glaucoma..... | NONE | MODERATE | HIGH | NO OPINION |
| e. Cataracts..... | NONE | MODERATE | HIGH | NO OPINION |
| f. Blurriness..... | NONE | MODERATE | HIGH | NO OPINION |

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q8. EYES

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Crossed eyes.....	NONE	MODERATE	HIGH	NO OPINION
b. Far sightedness.....	NONE	MODERATE	HIGH	NO OPINION
c. Near sightedness.....	NONE	MODERATE	HIGH	NO OPINION
d. Glasses or contacts.....	NONE	MODERATE	HIGH	NO OPINION
e. Tearing.....	NONE	MODERATE	HIGH	NO OPINION
f. Dryness / Redness.....	NONE	MODERATE	HIGH	NO OPINION

Q9. SKIN

50 - 75 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Bruises easily.....	NONE	MODERATE	HIGH	NO OPINION
b. Hives or allergy.....	NONE	MODERATE	HIGH	NO OPINION
c. Rashes or Itching.....	NONE	MODERATE	HIGH	NO OPINION
d. Color change.....	NONE	MODERATE	HIGH	NO OPINION
e. Lumps.....	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

f. Dryness.....	NONE	MODERATE	HIGH	NO OPINION
g. Skin eruptions.....	NONE	MODERATE	HIGH	NO OPINION
h. Varicose veins.....	NONE	MODERATE	HIGH	NO OPINION
i. Eczema.....	NONE	MODERATE	HIGH	NO OPINION
j. Acne.....	NONE	MODERATE	HIGH	NO OPINION

Listed below are additional SKIN questions suggested by Survey I participants.

k. Scaling.....	NONE	MODERATE	HIGH	NO OPINION
l. Hair loss.....	NONE	MODERATE	HIGH	NO OPINION
m. Poor wound healing.....	NONE	MODERATE	HIGH	NO OPINION
n. Dandruff.....	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q10. NOSE AND THROAT

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Frequent sore throat	NONE	MODERATE	HIGH	NO OPINION
b. Nose bleeds	NONE	MODERATE	HIGH	NO OPINION
c. Sinus infections	NONE	MODERATE	HIGH	NO OPINION
d. Hoarseness	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

e. Tonsillitis	NONE	MODERATE	HIGH	NO OPINION
f. Sore tongue	NONE	MODERATE	HIGH	NO OPINION
g. Gum problems	NONE	MODERATE	HIGH	NO OPINION
h. Dental cavities / decay	NONE	MODERATE	HIGH	NO OPINION

Listed below are additional NOSE AND THROAT questions suggested by Survey I participants.

i. Frequent colds	NONE	MODERATE	HIGH	NO OPINION
j. Hay fever	NONE	MODERATE	HIGH	NO OPINION
k. Grind teeth	NONE	MODERATE	HIGH	NO OPINION
l. Canker sores	NONE	MODERATE	HIGH	NO OPINION

Q11. NECK

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Lumps	NONE	MODERATE	HIGH	NO OPINION
b. Swollen glands	NONE	MODERATE	HIGH	NO OPINION
c. Goiter	NONE	MODERATE	HIGH	NO OPINION
d. Pain and stiffness	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q12. RESPIRATORY

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Chest pain	NONE	MODERATE	HIGH	NO OPINION
b. Spitting up blood	NONE	MODERATE	HIGH	NO OPINION
c. Difficulty or pain on breathing.....	NONE	MODERATE	HIGH	NO OPINION
d. Shortness of breath.....	NONE	MODERATE	HIGH	NO OPINION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

e. Cough / Chronic cough	NONE	MODERATE	HIGH	NO OPINION
f. Wheezing.....	NONE	MODERATE	HIGH	NO OPINION
g. Asthma	NONE	MODERATE	HIGH	NO OPINION
h. Pneumonia	NONE	MODERATE	HIGH	NO OPINION
i. Emphysema.....	NONE	MODERATE	HIGH	NO OPINION
j. Tuberculosis.....	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

k. Spitting up phlegm	NONE	MODERATE	HIGH	NO OPINION
l. Bronchitis.....	NONE	MODERATE	HIGH	NO OPINION
m. Pleurisy.....	NONE	MODERATE	HIGH	NO OPINION
n. Congestion.....	NONE	MODERATE	HIGH	NO OPINION

Listed below is an additional RESPIRATORY question suggested by Survey I participants.

o. Shortness of breath (worse at night or lying down)	NONE	MODERATE	HIGH	NO OPINION
---	------	----------	------	------------

Q13. CARDIOVASCULAR

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Heart disease.....	NONE	MODERATE	HIGH	NO OPINION
b. Angina	NONE	MODERATE	HIGH	NO OPINION
c. High blood pressure	NONE	MODERATE	HIGH	NO OPINION
d. Chest pain	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q13. CARDIOVASCULAR

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Pain over heart	NONE	MODERATE	HIGH	NO OPINION
b. Poor circulation	NONE	MODERATE	HIGH	NO OPINION
c. Heartbeat (Rapid, slow, irregular)	NONE	MODERATE	HIGH	NO OPINION
d. Low blood pressure	NONE	MODERATE	HIGH	NO OPINION
e. Murmurs	NONE	MODERATE	HIGH	NO OPINION
f. Rheumatic fever	NONE	MODERATE	HIGH	NO OPINION
g. Swelling in ankles	NONE	MODERATE	HIGH	NO OPINION
h. Palpations/ fluttering	NONE	MODERATE	HIGH	NO OPINION

Listed below is an additional CARDIOVASCULAR question suggested by Survey I participants.

i. Fainting	NONE	MODERATE	HIGH	NO OPINION
-------------------	------	----------	------	------------

Q14. NEUROLOGICAL

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

a. Seizures	NONE	MODERATE	HIGH	NO OPINION
b. Paralysis	NONE	MODERATE	HIGH	NO OPINION
c. Muscle weakness	NONE	MODERATE	HIGH	NO OPINION
d. Numbness or tingling	NONE	MODERATE	HIGH	NO OPINION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

e. Fainting	NONE	MODERATE	HIGH	NO OPINION
f. Loss of memory	NONE	MODERATE	HIGH	NO OPINION

Listed below are additional NEUROLOGICAL questions suggested by Survey I participants.

g. Poor circulation	NONE	MODERATE	HIGH	NO OPINION
h. Loss of balance	NONE	MODERATE	HIGH	NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q15. GASTROINTESTINAL

75 – 100 % of Survey I participants rated the following question with a HIGH level of importance.

a. Blood in the stoolNONE MODERATE HIGH NO OPINION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

b. Trouble swallowingNONE MODERATE HIGH NO OPINION
 c. Colon troubleNONE MODERATE HIGH NO OPINION
 d. ConstipationNONE MODERATE HIGH NO OPINION
 e. DiarrheaNONE MODERATE HIGH NO OPINION
 f. Difficult digestionNONE MODERATE HIGH NO OPINION
 g. Bloating abdomenNONE MODERATE HIGH NO OPINION
 h. Gallbladder trouble.....NONE MODERATE HIGH NO OPINION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

i. Pain over stomachNONE MODERATE HIGH NO OPINION
 j. Poor appetiteNONE MODERATE HIGH NO OPINION
 k. Change in thirstNONE MODERATE HIGH NO OPINION
 l. Vomiting.....NONE MODERATE HIGH NO OPINION
 m. Vomiting bloodNONE MODERATE HIGH NO OPINION
 n. Frequency of bowel movementsNONE MODERATE HIGH NO OPINION
 o. Jaundice (yellow skin).....NONE MODERATE HIGH NO OPINION
 p. Liver diseaseNONE MODERATE HIGH NO OPINION
 q. NauseaNONE MODERATE HIGH NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

r. Belching or passing gasNONE MODERATE HIGH NO OPINION
 s. HemorrhoidsNONE MODERATE HIGH NO OPINION
 t. Intestinal wormsNONE MODERATE HIGH NO OPINION
 u. HeartburnNONE MODERATE HIGH NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q15. GASTROINTESTINAL

Listed below are additional GASTROINTESTINAL questions suggested by Survey I participants.

u. Change in appetite.....	NONE	MODERATE	HIGH	NO OPINION
v. Bad breath	NONE	MODERATE	HIGH	NO OPINION
w. Change in bowel habits.....	NONE	MODERATE	HIGH	NO OPINION
x. Mucous in stool.....	NONE	MODERATE	HIGH	NO OPINION
y. Abdominal pain / cramps	NONE	MODERATE	HIGH	NO OPINION
z. Any strong / foul smell or burning with bowel movements?	NONE	MODERATE	HIGH	NO OPINION

Q16. GENITOURINARY

75 – 100 % of Survey I participants rated the following question with a HIGH level of importance.

a. Pain on urination.....	NONE	MODERATE	HIGH	NO OPINION
---------------------------	------	----------	------	------------

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

b. Increased frequency of urination.....	NONE	MODERATE	HIGH	NO OPINION
c. Frequent urination at night.....	NONE	MODERATE	HIGH	NO OPINION
d. Stress incontinence	NONE	MODERATE	HIGH	NO OPINION
e. Frequent urinary tract infections	NONE	MODERATE	HIGH	NO OPINION
f. Kidney stones.....	NONE	MODERATE	HIGH	NO OPINION
g. Blood in urine	NONE	MODERATE	HIGH	NO OPINION
h. Prostate trouble	NONE	MODERATE	HIGH	NO OPINION
i. Cloudy urine	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following question with a HIGH level of importance.

j. Bed-wetting.....	NONE	MODERATE	HIGH	NO OPINION
---------------------	------	----------	------	------------

Listed below is an additional GENITOURINARY question suggested by Survey I participants.

k. Decreased flow.....	NONE	MODERATE	HIGH	NO OPINION
------------------------	------	----------	------	------------

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q17. MUSCULOSKELETAL

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|-------------------------------|------|----------|------|------------|
| a. Low back pain | NONE | MODERATE | HIGH | NO OPINION |
| b. Neck pain, stiffness | NONE | MODERATE | HIGH | NO OPINION |
| c. Weakness | NONE | MODERATE | HIGH | NO OPINION |

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|----------------------------------|------|----------|------|------------|
| d. Joint pain or stiffness | NONE | MODERATE | HIGH | NO OPINION |
| e. Bursitis | NONE | MODERATE | HIGH | NO OPINION |
| f. Foot trouble | NONE | MODERATE | HIGH | NO OPINION |
| g. Pain between shoulders | NONE | MODERATE | HIGH | NO OPINION |
| h. Broken bones | NONE | MODERATE | HIGH | NO OPINION |
| i. Muscle pain or spasms | NONE | MODERATE | HIGH | NO OPINION |

Less than 50 % of Survey I participants rated the following question with a HIGH level of importance.

- | | | | | |
|--------------------|------|----------|------|------------|
| j. Arthritis | NONE | MODERATE | HIGH | NO OPINION |
|--------------------|------|----------|------|------------|

Listed below is an additional MUSCULOSKELETAL question suggested by Survey I participants.

- | | | | | |
|---|------|----------|------|------------|
| k. Family history of osteoporosis | NONE | MODERATE | HIGH | NO OPINION |
|---|------|----------|------|------------|

Q18. PERIPHERAL VASCULAR

75 – 100 % of Survey I participants rated the following question with a HIGH level of importance.

- | | | | | |
|------------------------|------|----------|------|------------|
| a. Deep leg pain | NONE | MODERATE | HIGH | NO OPINION |
|------------------------|------|----------|------|------------|

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|----------------------------|------|----------|------|------------|
| b. Cold hands / feet | NONE | MODERATE | HIGH | NO OPINION |
| c. Thrombophlebitis | NONE | MODERATE | HIGH | NO OPINION |

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q18. PERIPHERAL VASCULAR

Less than 50 % of Survey I participants rated the following question with a HIGH level of importance.

- a. Varicose veinsNONE MODERATE HIGH NO OPINION

Q19. EMOTIONAL

75 – 100 % of Survey I participants rated the following question with a HIGH level of importance.

- a. DepressionNONE MODERATE HIGH NO OPINION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- b. Mood swingsNONE MODERATE HIGH NO OPINION
c. Anxiety or nervousnessNONE MODERATE HIGH NO OPINION
d. TensionNONE MODERATE HIGH NO OPINION

Listed below are additional EMOTIONAL questions suggested by Survey I participants.

- e. SadnessNONE MODERATE HIGH NO OPINION
f. AngerNONE MODERATE HIGH NO OPINION
g. IrritabilityNONE MODERATE HIGH NO OPINION
h. Mood swingsNONE MODERATE HIGH NO OPINION
i. GuiltNONE MODERATE HIGH NO OPINION
j. High stressNONE MODERATE HIGH NO OPINION
k. Easily susceptible to stressNONE MODERATE HIGH NO OPINION
l. Suicidal thoughtsNONE MODERATE HIGH NO OPINION

Q20. ENDOCRINE

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- a. HypothyroidNONE MODERATE HIGH NO OPINION
b. Heat or cold intoleranceNONE MODERATE HIGH NO OPINION

Less than 50 % of Survey I participants rated the following question with a HIGH level of importance.

- c. Excessive hungerNONE MODERATE HIGH NO OPINION

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q20. ENDOCRINE

Listed below are additional ENDOCRINE questions suggested by Survey I participants.

- | | | | | |
|---------------------------|------|----------|------|------------|
| d. Excessive thirst | NONE | MODERATE | HIGH | NO OPINION |
| e. Night sweats | NONE | MODERATE | HIGH | NO OPINION |

Q21. GENERAL REPRODUCTION / SEX

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|----------------------------------|------|----------|------|------------|
| a. Sexual Difficulties | NONE | MODERATE | HIGH | NO OPINION |
| b. Discharge..... | NONE | MODERATE | HIGH | NO OPINION |
| c. Pain during intercourse | NONE | MODERATE | HIGH | NO OPINION |

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|---|------|----------|------|------------|
| d. Are you sexually active? | NONE | MODERATE | HIGH | NO OPINION |
| e. Sexually Transmitted DiseaseS (STDs) | NONE | MODERATE | HIGH | NO OPINION |
| f. Sexual orientation
(heterosexual, bisexual, homosexual) | NONE | MODERATE | HIGH | NO OPINION |

Listed below are additional GENERAL REPRODUCTIVE questions suggested by Survey I participants.

- | | | | | |
|------------------------------------|------|----------|------|------------|
| g. Other sexual difficulties | NONE | MODERATE | HIGH | NO OPINION |
| h. History of sexual abuse | NONE | MODERATE | HIGH | NO OPINION |
| i. Genital warts or herpes..... | NONE | MODERATE | HIGH | NO OPINION |

Q22. MALE REPRODUCTION

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|---------------------------|------|----------|------|------------|
| a. Testicular masses..... | NONE | MODERATE | HIGH | NO OPINION |
| b. Testicular pain | NONE | MODERATE | HIGH | NO OPINION |
| c. Prostate disease..... | NONE | MODERATE | HIGH | NO OPINION |

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q22. MALE REPRODUCTION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|-----------------------------|------|----------|------|------------|
| d. Hernias | NONE | MODERATE | HIGH | NO OPINION |
| e. Discharge or sores | NONE | MODERATE | HIGH | NO OPINION |

Listed below are additional MALE REPRODUCTIVE questions suggested by Survey I participants.

- | | | | | |
|--|------|----------|------|------------|
| f. Do you have difficulty getting
or keeping an erection? | NONE | MODERATE | HIGH | NO OPINION |
| g. Do you have difficulty completing intercourse? | NONE | MODERATE | HIGH | NO OPINION |
| h. Do you have difficulty fathering children? | NONE | MODERATE | HIGH | NO OPINION |
| i. Do you do self – testicular exams / breast exams? | NONE | MODERATE | HIGH | NO OPINION |
| j. Do you have diminished sex desire? | NONE | MODERATE | HIGH | NO OPINION |
| k. If sexually active, what type of birth control
and/ or disease prevention is being used? | NONE | MODERATE | HIGH | NO OPINION |

Q23. FEMALE REPRODUCTION

75 – 100 % of Survey I participants rated the following question with a HIGH level of importance.

- | | | | | |
|--|------|----------|------|------------|
| a. Any abnormalities at last PAP exam? | NONE | MODERATE | HIGH | NO OPINION |
|--|------|----------|------|------------|

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|--|------|----------|------|------------|
| b. Irregular cycle | NONE | MODERATE | HIGH | NO OPINION |
| c. Length of cycle | NONE | MODERATE | HIGH | NO OPINION |
| d. Painful menstruation | NONE | MODERATE | HIGH | NO OPINION |
| e. Bleeding between cycle | NONE | MODERATE | HIGH | NO OPINION |
| f. Vaginal discharge | NONE | MODERATE | HIGH | NO OPINION |
| g. Excessive flow | NONE | MODERATE | HIGH | NO OPINION |
| h. Problems with pre-menstrual symptoms | NONE | MODERATE | HIGH | NO OPINION |
| i. Cramps or backache | NONE | MODERATE | HIGH | NO OPINION |
| j. If sexually active, what type of birth control
and/ or disease prevention is being used? | NONE | MODERATE | HIGH | NO OPINION |

Review of Systems

Patient History Intake Survey II

Below are questions pertaining to a REVIEW OF SYSTEMS, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

Q23. FEMALE REPRODUCTION

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

h. Number of pregnancies	NONE	MODERATE	HIGH	NO OPINION
i. Number of live births.....	NONE	MODERATE	HIGH	NO OPINION
j. Number of miscarriages.....	NONE	MODERATE	HIGH	NO OPINION
k. Number of abortions.....	NONE	MODERATE	HIGH	NO OPINION
l. Difficulty conceiving	NONE	MODERATE	HIGH	NO OPINION
m. Complications with pregnancy	NONE	MODERATE	HIGH	NO OPINION
n. Menopausal symptoms	NONE	MODERATE	HIGH	NO OPINION
o. Do you self-breast exam?	NONE	MODERATE	HIGH	NO OPINION
p. Lumps in breast?	NONE	MODERATE	HIGH	NO OPINION
q. Pain or tenderness in breasts?	NONE	MODERATE	HIGH	NO OPINION
r. Nipple discharge.....	NONE	MODERATE	HIGH	NO OPINION
s. Date of last physical.....	NONE	MODERATE	HIGH	NO OPINION

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

w. Age menses began	NONE	MODERATE	HIGH	NO OPINION
x. Congested breasts	NONE	MODERATE	HIGH	NO OPINION
y. Date of last PAP exam	NONE	MODERATE	HIGH	NO OPINION

Listed below are additional FEMALE REPRODUCTIVE questions suggested by Survey I participants.

z. Do you have heavy hair growth on face or body?	NONE	MODERATE	HIGH	NO OPINION
aa. Do you have diminished sex desire?	NONE	MODERATE	HIGH	NO OPINION
bb. Do you have poor or infrequent orgasm?	NONE	MODERATE	HIGH	NO OPINION
cc. Hot flashes	NONE	MODERATE	HIGH	NO OPINION
dd. Breast swelling?	NONE	MODERATE	HIGH	NO OPINION

Patient History Intake Survey II

97 % of Survey I participants indicated it was important to ask about a patient's LIFESTYLE.

Q24. Below are LIFESTYLE questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

75 – 100 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|---|------|----------|------|------------|
| a. Do you smoke or chew tobacco? | NONE | MODERATE | HIGH | NO OPINION |
| b. Do you use alcohol? | NONE | MODERATE | HIGH | NO OPINION |
| c. Do you use recreational drugs? | NONE | MODERATE | HIGH | NO OPINION |
| d. Do you exercise (Y/N)? | NONE | MODERATE | HIGH | NO OPINION |
| e. How many days per week? | NONE | MODERATE | HIGH | NO OPINION |

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|--|------|----------|------|------------|
| f. When did you quit (smoking / chewing)? | NONE | MODERATE | HIGH | NO OPINION |
| g. How much tobacco did / do you use? | NONE | MODERATE | HIGH | NO OPINION |
| h. For how many years did you use tobacco? | NONE | MODERATE | HIGH | NO OPINION |
| i. How many drinks of what kind? | NONE | MODERATE | HIGH | NO OPINION |
| j. What kind of recreational drugs do you use and how often? | NONE | MODERATE | HIGH | NO OPINION |
| k. Do you use caffeine? | NONE | MODERATE | HIGH | NO OPINION |
| l. How much water do you drink in a day? | NONE | MODERATE | HIGH | NO OPINION |
| m. What type of exercise do you do? | NONE | MODERATE | HIGH | NO OPINION |
| n. What is your typical diet (breakfast, lunch, dinner, snacks)? | NONE | MODERATE | HIGH | NO OPINION |
| o. What is your sleep pattern? | NONE | MODERATE | HIGH | NO OPINION |

Do you:

- | | | | | |
|-------------------------|------|----------|------|------------|
| p. Awaken rested? | NONE | MODERATE | HIGH | NO OPINION |
| q. Sleep well? | NONE | MODERATE | HIGH | NO OPINION |

Lifestyle

Patient History Intake Survey II

Q24. Below are LIFESTYLE questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

Do you:

- | | | | | |
|--|------|----------|------|------------|
| r. Enjoy your work? | NONE | MODERATE | HIGH | NO OPINION |
| s. Have you ever been treated
for alcoholism? | NONE | MODERATE | HIGH | NO OPINION |
| t. Have you been treated
for drug dependence? | NONE | MODERATE | HIGH | NO OPINION |
| u. Do you feel stress has a negative impact
on your health and well-being | NONE | MODERATE | HIGH | NO OPINION |

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|---|------|----------|------|------------|
| v. Do you use a seat belt? | NONE | MODERATE | HIGH | NO OPINION |
| w. Do you keep firearms in your home? | NONE | MODERATE | HIGH | NO OPINION |
| x. If yes, are they locked and secured? | NONE | MODERATE | HIGH | NO OPINION |
| y. What are your main interests
and hobbies? | NONE | MODERATE | HIGH | NO OPINION |
| Do you: | | | | |
| z. Eat three meals daily? | NONE | MODERATE | HIGH | NO OPINION |
| aa. Average 6-8 hours of sleep a night? | NONE | MODERATE | HIGH | NO OPINION |
| bb. Spend time outside? | NONE | MODERATE | HIGH | NO OPINION |
| cc. Take vacations? | NONE | MODERATE | HIGH | NO OPINION |
| dd. Watch television? (Hours / day) | NONE | MODERATE | HIGH | NO OPINION |
| Do you wear: | | | | |
| ee. Heel lifts? | NONE | MODERATE | HIGH | NO OPINION |
| ff. Sole lifts? | NONE | MODERATE | HIGH | NO OPINION |
| gg. Inner soles? | NONE | MODERATE | HIGH | NO OPINION |
| hh. Platform shoes? | NONE | MODERATE | HIGH | NO OPINION |
| ii. What is the age of your mattress? | NONE | MODERATE | HIGH | NO OPINION |
| jj. Do you use a headboard? | NONE | MODERATE | HIGH | NO OPINION |
| kk. How is the most of your day spent
(walking, standing, sitting, other)? | NONE | MODERATE | HIGH | NO OPINION |

Patient History Intake Survey II

Q25. Listed below are additional **LIFESTYLE** questions suggested by Survey I participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

- | | | | | | |
|----|--|------|----------|------|------------|
| a. | What is the nature of their work and
how does it impact their problem? | NONE | MODERATE | HIGH | NO OPINION |
| b. | What sports in high school / college? | NONE | MODERATE | HIGH | NO OPINION |
| c. | Do you wear shoes with high heels? | NONE | MODERATE | HIGH | NO OPINION |
| d. | Ever used a lift in shoes or orthotics? | NONE | MODERATE | HIGH | NO OPINION |
| e. | When you regain your health,
what activities do you want to participate in? | NONE | MODERATE | HIGH | NO OPINION |
| f. | What type of foods do you eat?
(fast foods, organic, etc) | NONE | MODERATE | HIGH | NO OPINION |
| g. | Do you use heated oil, dairy, sugar, refined foods? | NONE | MODERATE | HIGH | NO OPINION |
| h. | Do you work swing shifts? | NONE | MODERATE | HIGH | NO OPINION |
| i. | Do you drink coffee, tea or soft drinks? | NONE | MODERATE | HIGH | NO OPINION |
| j. | How many per day? | NONE | MODERATE | HIGH | NO OPINION |
| k. | How is your family life? | NONE | MODERATE | HIGH | NO OPINION |
| l. | Rate your stress level? | NONE | MODERATE | HIGH | NO OPINION |
| m. | Do you experience too much stress in your life? | NONE | MODERATE | HIGH | NO OPINION |
| n. | If so, what is the nature of the stress? | NONE | MODERATE | HIGH | NO OPINION |
| o. | How do you react to it? | NONE | MODERATE | HIGH | NO OPINION |
| p. | Sources of stress | NONE | MODERATE | HIGH | NO OPINION |
| q. | How do you relax and reduce stress? | NONE | MODERATE | HIGH | NO OPINION |
| r. | Do you experience insomnia? | NONE | MODERATE | HIGH | NO OPINION |
| | Dreams? Remember? Recurring? | NONE | MODERATE | HIGH | NO OPINION |
| s. | Do you have any problems with your sleep? | NONE | MODERATE | HIGH | NO OPINION |
| t. | Do you have a religious / spiritual belief system
or practice that is important to you? | NONE | MODERATE | HIGH | NO OPINION |
| u. | Is there anything not yet touched on
that may be negatively impacting your health? | NONE | MODERATE | HIGH | NO OPINION |
| | How is your energy level? | NONE | MODERATE | HIGH | NO OPINION |

Lifestyle

Patient History Intake Survey II

Q25. Listed below are additional **LIFESTYLE** questions suggested by Survey I participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

y.	What is your best / worst time of day?	NONE	MODERATE	HIGH	NO OPINION
z.	When you exercise, what is the length of time that you exercise.....	NONE	MODERATE	HIGH	NO OPINION
aa.	What do you spend time worrying about?	NONE	MODERATE	HIGH	NO OPINION
bb.	Are you happy?.....	NONE	MODERATE	HIGH	NO OPINION
cc.	Are you an optimist?	NONE	MODERATE	HIGH	NO OPINION
dd.	Have you made changes in your lifestyle to benefit your health?	NONE	MODERATE	HIGH	NO OPINION
ee.	Have you ever thought you might need help for drugs or alcohol?	NONE	MODERATE	HIGH	NO OPINION
ff.	How do you know when you need to address your stress levels?	NONE	MODERATE	HIGH	NO OPINION
gg.	Do you wear a bike helmet?	NONE	MODERATE	HIGH	NO OPINION
hh.	Do you speed?	NONE	MODERATE	HIGH	NO OPINION
ii.	Do you wear orthotics?	NONE	MODERATE	HIGH	NO OPINION

Q26. Listed below are additional **FAMILY HEALTH HISTORY** questions suggested by Survey I participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

a.	Any family history of lifestyle irregularities?	NONE	MODERATE	HIGH	NO OPINION
b.	Any family history of physical, mental, sexual abuse?	NONE	MODERATE	HIGH	NO OPINION
c.	Family health history – siblings, grandparents, aunts, uncles, cousins - (including cause and age of death)	NONE	MODERATE	HIGH	NO OPINION
d.	Family history of colon problems.....	NONE	MODERATE	HIGH	NO OPINION
e.	Family history of STDs	NONE	MODERATE	HIGH	NO OPINION
f.	Any other serious illness that blood relatives have had?	NONE	MODERATE	HIGH	NO OPINION
g.	Actively care-giving for a family member	NONE	MODERATE	HIGH	NO OPINION
h.	How has family illness affected your life? (time, money, emotions)	NONE	MODERATE	HIGH	NO OPINION

Family Health History

Patient History Intake Survey II

92 % of Survey I participants indicated it was important to ask about **FAMILY HEALTH HISTORY**.

Q27. Below are **FAMILY HEALTH HISTORY** questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

50 – 75 % of Survey I participants rated the following questions with a **HIGH** level of importance.

- a. If anyone in your immediate family has or has had any of the following with details of who, alive or dead, what age of illness or death:

Alcoholism / Asthma / Birth Defects / Cancer / Diabetes / Epilepsy / Glaucoma / Heart Disease / Hypertension / Kidney Disease / Mental Illness / Stomach ulcers / Stroke / Suicide / Thyroid disease / High Blood Pressure / Hay fever / Hives / Anemia / Liver Disease / Gallbladder disease / Tuberculosis / Goiter / Heart Murmur / CataractsNONE MODERATE HIGH NO OPINION

- b. Hereditary diseaseNONE MODERATE HIGH NO OPINION
c. Family health problemsNONE MODERATE HIGH NO OPINION

Less than 50 % of Survey I participants rated the following question with a **HIGH** level of importance.

- d. Genogram:

Draw family tree of marriage /
living situation / children / parents
with notes on health and deaths etc.

NONE MODERATE HIGH NO OPINION

50 – 75 % of Survey I participants rated the following questions with a **HIGH** level of importance.

Q28. Father

- a. Describe your father's healthNONE MODERATE HIGH NO OPINION
b. If your father is deceased,
at what age did he die?NONE MODERATE HIGH NO OPINION
c. What was the cause of death?NONE MODERATE HIGH NO OPINION

Q29. Mother

- a. Describe your mother's healthNONE MODERATE HIGH NO OPINION
b. If your mother is deceased,
at what age did she die?NONE MODERATE HIGH NO OPINION
c. What was the cause of death?NONE MODERATE HIGH NO OPINION

Social History

Patient History Intake Survey II

97 % of Survey I participants indicated it was important to ask about SOCIAL HISTORY.

Q30. Below are SOCIAL HEALTH questions, which were included on Survey I, ranked according to participant determined level of importance. Please evaluate the questions again considering this information, and then indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

50 – 75 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|---|------|----------|------|------------|
| a. Occupation (activities / hours)..... | NONE | MODERATE | HIGH | NO OPINION |
| b. Are you currently or have you ever been in a relationship in which you were physically hurt, threatened, or made to feel afraid? | NONE | MODERATE | HIGH | NO OPINION |
| c. How many children do you have?..... | NONE | MODERATE | HIGH | NO OPINION |

Less than 50 % of Survey I participants rated the following questions with a HIGH level of importance.

- | | | | | |
|--|------|----------|------|------------|
| d. Years of school completed | NONE | MODERATE | HIGH | NO OPINION |
| e. Single, married, partnered, divorced/separated, widowed, remarried | NONE | MODERATE | HIGH | NO OPINION |
| f. Living situation (alone, with roommate, with parents, with spouse, with children, with partner) | NONE | MODERATE | HIGH | NO OPINION |

Q31. Listed below are additional SOCIAL HISTORY questions suggested by Survey I participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

- | | | | | |
|--|------|----------|------|------------|
| a. Do you like your work? | NONE | MODERATE | HIGH | NO OPINION |
| b. How long have you been at your current or previous occupation | NONE | MODERATE | HIGH | NO OPINION |
| c. Do you have a support system? (friends, family, counselor, church, social clubs)..... | NONE | MODERATE | HIGH | NO OPINION |
| d. What is your level of involvement with a charitable or religious organization..... | NONE | MODERATE | HIGH | NO OPINION |
| e. Are you happy with your life as it is now? If not, please explain | NONE | MODERATE | HIGH | NO OPINION |

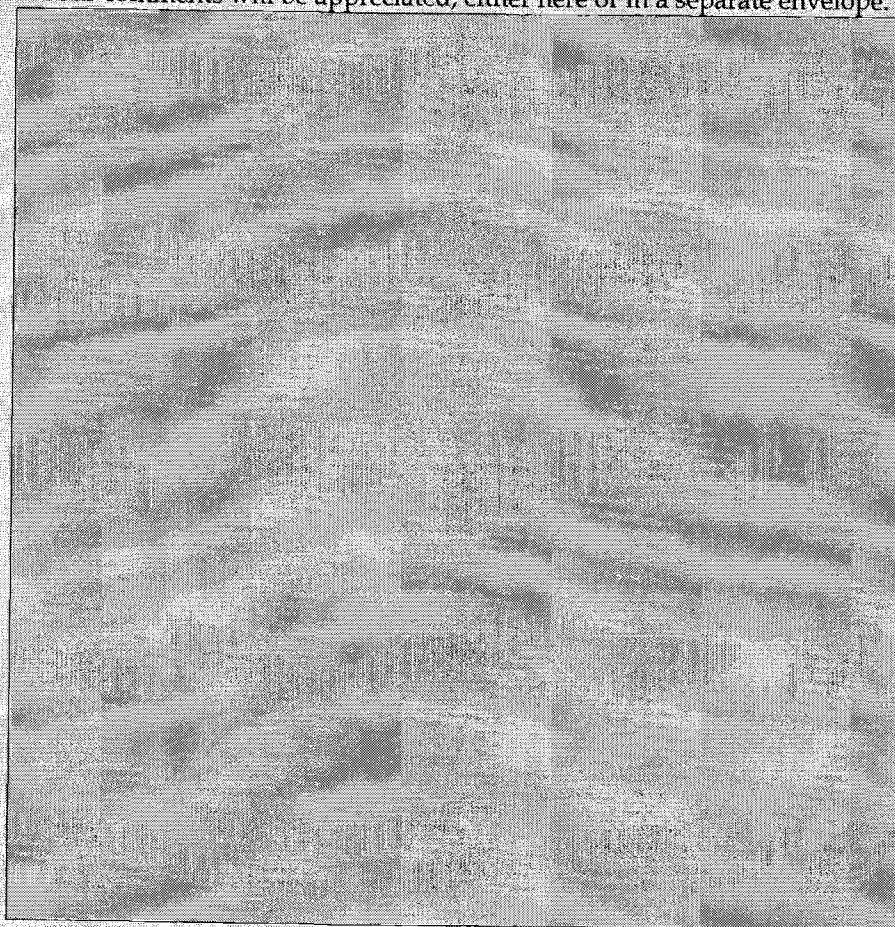
Social History

Patient History Intake Survey II

Q31. Listed below are additional **SOCIAL HISTORY** questions suggested by Survey 1 participants. Please indicate how important, if at all, you feel it would be to ask a patient each of the following questions on a patient history intake form.

f.	How many children are you currently living with and your relationship to them?	NONE	MODERATE	HIGH	NO OPINION
g.	Nearest living relative?	NONE	MODERATE	HIGH	NO OPINION
h.	How close are you to your family?	NONE	MODERATE	HIGH	NO OPINION
i.	Is your marriage under stress?	NONE	MODERATE	HIGH	NO OPINION
j.	Are you satisfied with your health, money, career, spirituality, social support, relationships	NONE	MODERATE	HIGH	NO OPINION
k.	Where does extended family live and how often do you see them?	NONE	MODERATE	HIGH	NO OPINION
l.	Do you have any pets?	NONE	MODERATE	HIGH	NO OPINION
m.	Gang affiliation?	NONE	MODERATE	HIGH	NO OPINION
n.	Military history?	NONE	MODERATE	HIGH	NO OPINION
o.	Have you ever been under arrest?	NONE	MODERATE	HIGH	NO OPINION
p.	Do you have an advanced directive?	NONE	MODERATE	HIGH	NO OPINION
q.	Have you ever received mental health care?	NONE	MODERATE	HIGH	NO OPINION
r.	Who referred you?	NONE	MODERATE	HIGH	NO OPINION
s.	Date of Birth?	NONE	MODERATE	HIGH	NO OPINION

Your comments will be appreciated, either here or in a separate envelope.



Thank you for your help

*Please return completed questionnaires
by December 20, 2002
in the enclosed envelope to:*

Department of Public Health

Oregon State University
Corvallis, OR 97331-6406

Appendix F: Integrated Patient History Intake Tool

Integrated Patient History Intake Form

Date Completed: _____ Date of Birth: _____

PLEASE FILL OUT THE FOLLOWING QUESTIONS AS INDICATED

What is the history of your present illness?

How long have you had these symptoms?

What causes your symptoms to increase or decrease (include time of day [am/pm]) ?

Please rank your pain on a scale of 0 – 10

PERSONAL HEALTH HISTORY

What is your occupation (activities and hours)?

_____List all hospitalizations or surgeries have you had (Age or Date):

Integrated Patient History Intake Form

PERSONAL HEALTH HISTORY

Circle the following illnesses you have had:

Cancer	High Blood Pressure
Depression	Hepatitis
Diabetes	Multiple sclerosis
Epilepsy	Stroke
	Heart Disease

General trauma, accidents, injuries (including residual problems)

Do you smoke or chew tobacco? YES NO ON OCCASION

Do you use alcohol? YES NO ON OCCASION

Do you use recreational drugs? YES NO ON OCCASION

Do you exercise? YES NO

How many days per week do you exercise?

DRUGS AND MEDICATIONS

List all medications, supplements, vitamins, medicinal herbs, and non-prescription medications that you currently take:

List all allergies and / or medication reactions and indicate the type of reaction:

Integrated Patient History Intake Form

REVIEW OF SYSTEMS

Please circle any of the following that you are currently experiencing or have experienced in the past:

HEAD	NECK	NEUROLOGICAL
Headache	Pain and stiffness	Seizures
Head injury		Paralysis
	CARDIOVASCULAR	Muscle weakness
RESPIRATORY	Heart disease	Numbness or tingling
Chest pain	Angina	
Spitting up blood	High blood pressure	MUSCULOSKELETAL
Difficulty or pain on breathing	Chest pain	Low back pain
Shortness of breath		Neck pain, stiffness
Asthma	GENITOURINARY	Weakness
	Blood in urine	Joint pain or stiffness
GASTROINTESTINAL	Prostate trouble	Muscle pain or spasms
Blood in the stool		
Vomiting blood	PERIPHERAL VASCULAR	EMOTIONAL
	Deep leg pain	Depression
		Suicidal thoughts