The following questions are used to guide the conversation between provider and patient during an integrative health visit. Other questions can be added and personalized for each patient based on the individual’s response, personality, readiness to change, and circumstances. Non-verbal and voice tone are key to readiness. Next to each set of questions are “NOTES on Questions” that can be used as a guide to how responses often play out and can be used to help the patient on their healing journey.

# Behavior and Lifestyle

*Behavior and lifestyle can impact up to 70 percent of chronic illnesses; therefore, healthy behaviors are essential for creating health. But behavior change must be connected to what is meaningful for the person or it cannot be sustained. These questions provide a snapshot of the patient’s lifestyle which, when coupled with the patient’s motivations, provides a path forward for change.*

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| * Do you smoke or drink alcohol or take drugs? If so, how much? * How’s your diet? (What did you have for breakfast, lunch, and dinner yesterday?) * What do you drink? How much water, sugary drinks, and tea or coffee do you drink? * Do you exercise? If yes, what types and amounts? * How is your sleep (quality and hours)?  Do you wake refreshed? * What do you do to relax and manage stress? How do you relax, reflect, and recreate? * Do you use complementary and alternative medicine? Do you take supplements? If so, which ones and from what companies? | NOTES on Questions:  ***Smoking, etc.:*** *Most patients have had a provider ask about smoking, alcohol and drugs. They usually know if they are ready to make a change, and can be asked.*  ***Diet:*** *Most patients will indicate their attitude about their diet – often by saying either “it’s okay, pretty good, sucks,” etc. Count fruit and vegetable servings eaten the day before for breakfast, lunch and dinner.*  ***Exercise:*** *Note attitude on exercise and how they use it.*  ***Sleep:*** *Many patients will say “okay, not so good,” etc. Probe for more details on patterns and sleepiness.*  ***Stress:*** *Many patients will not know the difference between stress management and relaxation. The concept of autonomic balance, the multiple approaches available for mental relaxation as well as the metaphor of “brain fitness” may be useful.*  ***CAM:*** *Patients often appreciate providers asking about CAM use and supplements. Be prepared to address this.* |

# Environment

*The safety and security of one’s physical environment plays a greater role in health than many of us are aware. For instance, an unsafe neighborhood could prevent someone from going on walks. A noisy apartment building along a busy road can aggravate asthma and other pulmonary conditions, as well as produce stress and lack of sleep.*

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| * What is your home and work environment like? Chaos or calm? Cluttered or ordered? * Is there a place at home where you can go and feel joyful and relaxed? * What is your exposure to light, noise, clutter, music, colors, and art? * How much contact with nature do you have? * What is your exposure to molds, dust, heavy metals or other chemicals? | NOTES on Questions:  ***Home:*** *A chaotic or cluttered environment can stimulate a stress response unawares.*  *If a relaxation response, yoga or other practice is selected, a place and time is needed for it.*  ***Beauty:*** *Beauty and art can heal.*  ***Nature:*** *Exposure to nature is salutogenic.*  ***Toxins:*** *See toxin screening guide at website.*  ***Safety:*** *See section on social determinants.* |

# Social and Emotional

*Social support is salutogenic. Healing and disease are intertwined with personal relationships and social support networks, especially family and friends. With these questions, you are trying to capture the interpersonal components of the patient. Look for quality, not just quantity.*

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| * How is your social support? What are your social connections and relationships? * How often do you get together with friends or relatives? * Tell me about your family and friends? Do you have someone you talk with in confidence and trust? * Are there people you have fun with? How often do you just relax with others? * How do you handle loneliness? * How often do you attend religious or faith-based services? * Have you had any major social or physical traumas in the past? What was your childhood like? | NOTES on Questions*:*  ***General:*** *Patients will often reply with “good, okay” or may be vague.*  ***Support:*** *Patients may have a family member they primarily rely on. If possible, expand the questions to explore stability of those relationships and friends outside that core. Caregivers especially may not have someone that cares for them. See caregiver guide on the website.*  ***Loneliness:*** *Loneliness is not just about isolation.*  ***Traumas:*** *Evidence is growing that traumas and stresses, especially as children, can have broad and long-lasting effects. Explore the willingness to address those in a safe and professional environment. There are several validated questionnaires that can further quantify this area.* |

# Mind and Spirit

*These questions address a patient’s reasons for living – their purpose in life. How do these larger goals relate to their healing? They are designed to reveal what the patient finds meaningful, what motivates them, and what provides them with a sense of joy and well-being. In other words: “What matters?” rather than “What’s the matter?”*

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| * How has your illness impacted your life? What would you do if you regained health? * Why do you seek healing? What do you want to happen through your health care? * What are your plans and aspirations in life? What is your purpose? What are your most meaningful daily activities? * Was there anything you believe contributed to development of your illness? Was there an event or life situation that may have led to the illness? | NOTES on Questions:  ***Life Impact:*** *Often the reason the person wants to get well is not the same reason the provider thinks they should get well. Seek mutual understanding.*  ***Function****: This question is getting at what the patient wants to do in life.*  ***Future:*** *Future goals not only help the patient seek hope beyond the current illness but point to why they might want to heal.*  ***Causation****: Sometimes patients have a belief about the cause of their illness that helps them (and the provider) see a deeper meaning in their illness. This belief can be helpful or harmful.* |

# Social Determinants (Adapted from “Upstream Risk Tool & Guide” Manchanda, 2015).

*According to research funded by the Robert Wood Johnson Foundation, the largest influences on health are social and economic factors. These include factors that come from our communities and families – such as education and income – and how safe and stressful the environment.*

*Education*

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| * What is the highest level of school you have completed and degree you earned? * Are you concerned about your child’s learning, performance, or behavior in school?   *Employment*   * What is your job status? How do you make a living?   *Financial Strain*   * Do you ever have problems making ends meet at the end of the month? * How hard is it for you to pay for the basics like food, housing, medical care, and heating?   *Housing Insecurity*   * In the last month, have you slept outside, in a shelter, or in a place not meant for sleeping? * In the last month, have you had concerns about the condition or quality of your housing? * In the last 12 months, how often have you or your family moved?   *Food Insecurity*   * How often does your family have enough to eat?   *Transportation*   * How often is it difficult to get transportation to or from your medical appointments?   *Exposure to Violence*   * Within the last year, have you been: * humiliated or emotionally abused by your partner or ex-partner? * afraid of your partner or ex-partner? * kicked, hit, slapped, raped or otherwise physically hurt?   *Civic Engagement*   * Would you like help registering to vote?   *Immigration*   * Do you have concerns about any immigration matters for you or your family? | NOTES on Questions:  ***Education: School Level:*** *Elementary School, High School;**College, Graduate / Professional School, High school diploma, GED, Vocational certificate, (post high school or*  *GED), Associate’s degree, (junior college), Bachelor’s degree, Master’s degree, Doctorate*  ***Concerned about Child:*** *Yes, No, N/A*  ***Employment:*** *Salaried job; contract job; temporary employment; Homemaker, (self-)employed, retired, unemployed*  ***Financial Strain Problems:*** *Yes, No*  ***Paying for Basics:*** *Very hard, Somewhat hard, Not hard at all*  ***Housing Insecurity:*** *Homeless; housing quality; number of times moved in the year:\_\_\_*  ***Food Insecurity:*** *Always, Sometimes, Not often*  ***Transportation:*** *Never, Sometimes, Often, Always, N/A*  ***Exposure to Violence:*** *Yes/ No. If yes, specifics of situation and*  ***Civic Engagement:*** *Yes/No*  ***Immigration concerns:*** *Yes/No* |

Before ending the visit, summarize the top three action items that emerged from the conversation and that the patient would like to work on by saying: “This is what I’ve heard. How does this line up with your interests?” Then ask them to email or text you with what has been discussed and their top three items for action. Other items are recorded but put in a “parking lot” for addressing in the future. Any “upstream” issues are placed in their own section.

Priorities on the list may shift as the healing journey progresses.

# Priority Items

# Top three action items that “matter” to the patient

# 1.

# 2.

# 3. Future issues and “parking lot” items

# 4.

# 5.

# 6.

# Social (Upstream) Determinants

# 1.

# 2.

# 3.

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