

The HowsYourHealth Registry Your Patients Do the Entry: Together You Do the Management

Why? Needed is a non-labor intensive, behaviorally sophisticated registry to improve condition management and patient self-management. The data included is intended not to be exhaustive; rather, the data is intended to be actionable.

Work needed?

- Set up in HowsYourHealth customization/administrative section and email address for your patients to send you their results.
- Sign the Business Associates Agreement with Venix to store the information in a HIPPA secure server.
- Make sure your patients email their HowsYourHealth to you. Their information will also go to the registry.

How to use it? Merely enter the registry using your code and password. Sort patient lists using combinations of age, gender, time-period and their categorical responses as shown below using AND or OR if you combine (e.g. low income AND diabetic). You may print or download and Excel spread sheet of the names and addresses as they appear in the patient list.

The Current Version for Adults Aged 18-69

May select any combination of age groups or 'All ages' to disregard this variable.

Age group
 All ages
 18-34
 35-49
 50-64
 65-69
 70-79
 80 or older

Select desired gender, or 'Either' to disregard this variable.

Gender
 Either
 Male
 Female

Specify Date Range

Choose data since:

But before:

AND		OR		AND		OR
<input type="checkbox"/> Poor Financial Status	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> CHF	<input type="checkbox"/>	
<input type="checkbox"/> Pain	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Hx. Stroke	<input type="checkbox"/>	
<input type="checkbox"/> Emotion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Respiratory	<input type="checkbox"/>	
<input type="checkbox"/> Lacks Confidence	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Last BP over 150	<input type="checkbox"/>	
<input type="checkbox"/> Meds Make Ill	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Last Cholesterol if 200+	<input type="checkbox"/>	
<input type="checkbox"/> Seeing Specialist	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Blood Sugar > 140	<input type="checkbox"/>	
<input type="checkbox"/> HBP	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Mammogram not done	<input type="checkbox"/>	
<input type="checkbox"/> Diabetes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> No Bowel Cancer screen	<input type="checkbox"/>	
<input type="checkbox"/> BMI>30	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Poor Home Support	<input type="checkbox"/>	
<input type="checkbox"/> Angina	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Risk costly care (wmi >= 2)	<input type="checkbox"/>	

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