Review of the Health Problems Checklist
by Robert M. Kaplan and Michelle T. Toshima,
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Health Problems Checklist. Purpose: Facilitates "the rapid assessment of the health status and potential health problems of clients typically seen in psychotherapy settings." Adult men, adult women; 1984; no formal scoring procedure; 13 areas: General Health, Cardiovascular/Pulmonary, Endocrine/Hematology, Gastrointestinal, Dermatological, Visual, Auditory/Olfactory, Mouth/Throat/Nose, Orthopedic, Neurological, Genitourinary, Habits, History; no manual; separate forms for men and women; IBM or Apple computer administered version requires 64K (128K-IBM) (80 column card-Apple) and 2 floppy disk drives; 1987 price data: $12.95 per 50 checklists for men or for women or for 25 of each form; $50 per computer version (100 uses); (10–20) minutes; John A. Schinka; Psychological Assessment Resources, Inc.*

Review of the Health Problems Checklist by ROBERT M. KAPLAN, Professor and Acting Chief of Health Care Sciences, and MICHELLE T. TOSHIMA, Ph.D. Candidate, University of California, San Diego, LaJolla, CA:

Psychologists are gaining increasing experience developing measures that are not necessarily psychological in nature. In addition, we are witnessing the increased use of systematic measurement methodologies that are not necessarily tests. The Health Problems Checklist for Men and the Health Problems Checklist for Women are interesting subjects for review in the *Mental Measurements Yearbook* because they are neither tests nor is their focus mental.

The checklists were published in 1984 as part of a series investigating problem areas for adults, adolescents, and children. The checklists include general problem items, as well as health and mental health items. It is important to note that the checklists are not and were never intended by the author to be tests. Thus, there is no manual and no formal scoring procedure.

Each checklist is divided into 11 symptom areas. Although these are identified only by abbreviation in the forms, they represent basic physiological systems, including General Health, Dermatological, Visual, Auditory/Olfactory, Cardiovascular/Pulmonary, Orthopedic, Gastrointestinal, Endocrinological/Hema-

tological, Mouth/Throat/Nose, Neurological, and Genitourinary symptoms. The number of symptoms within these areas varies. For, example there are 26 neurological symptoms, but only 10 orthopedic ones. The women's form has a total of 220 symptoms while the men's form includes 214. The major difference between the two forms is in the genitourinary section. Here some symptoms are sex specific, and six extra items are required for women. In addition to the survey of symptoms, each form includes a section on health habits, current illnesses, medical history, current medication use, and information concerning attending physicians.

The author of the Health Problems Checklist suggests there are four major purposes for the instrument: (*a*) give a client information about his or her own health condition, (*b*) establish rapport while communicating information in conversational terms, (*c*) prepare clients for more formal testing, and (*d*) obtain written documentation about presenting problems.

The checklists were developed through a series of steps. First, a comprehensive list of symptoms was generated through reviews of surveys, text materials, or tests, including those previously developed by the author. The symptoms were then sorted into the basic physiological systems. Those with low base rates were eliminated. The resulting pool of symptoms was then rewritten to meet the criteria of brevity, common language, and inoffensiveness. The pool was next subjected to evaluation by seven physicians, which resulted in further revision, deletion, or addition of items. A second panel of five experts reevaluated the forms and administered them to clients/patients. On the basis of previous revisions and final item revisions from the administration of the checklist to clients/patients, the final instrument of 220 items for women and 214 items for men was completed.

CRITIQUE. The Health Problems Checklist is difficult to evaluate from a psychometric perspective. There is no manual, no peer-reviewed publications describing its use, no formal scoring procedures, and no validity data upon which to anchor inferences. The checklists do, however, provide a formal method for obtaining medical history and information about various systems. The items are very similar to many questions asked by physicians during the history and physical examination. Indeed, the questionnaire is comprehensive.

The value of obtaining comprehensive health information should not be overlooked. This has become apparent in studies of computerized medical decision making. Studies comparing the diagnostic accuracy of humans to computers have usually found the computers to be more accurate. This difference has been attributed to the fact that computers obtain more information prior to making their diagnoses. When human physicians are forced to take a comprehensive history (the Health Problems Checklist would obtain such a detailed history), they have shown diagnostic accuracy comparable to the computers (Schwartz, 1988). Thus, the use of a comprehensive checklist is valuable.

There are some limitations of the checklists as health status measures. For example, several issues pertinent to the assessment of health status are not well addressed (see Kaplan, 1988; Kaplan & Anderson, 1988 for overview of issues). Health status might be conceptualized as having several components. One component involves symptoms; and symptoms are well covered in the checklists. Symptoms are viewed as the subjective component of health status. The second component of health status is dysfunction. There may be several levels of dysfunction for those reporting the same symptoms. For example, the symptom of back pain might cause no limitations in daily activities, or it may cause severe disability. The checklist provides no way of differentiating between these two alternatives. The third component that should be considered is the duration of the problem. A day in pain is not the same as a year in pain. The instructions in the Health Problems Checklist do not ask the respondent to specify when the problem first occurred or how long it lasted. They simply state, "make a check . . . next to each item that applies to you." Those who check joint pain may do so because their legs are temporarily sore after a weekend tennis match or because they have chronic rheumatoid arthritis.

Finally, it is not clear why we need a proprietary list of symptoms in the absence of a meaningful scoring system. As part of their medical training, physicians learn to take a thorough history and run through the major systems during a physical examination. Many health maintenance organizations (HMOs) al-

ready use symptom checklists. These lists are available in textbooks and can be reproduced without charge.

In summary, the Health Problems Checklist for Men and the Health Problems Checklist for Women are instruments that were constructed using a systematic methodology. They are comprehensive and may enhance the therapist-client or doctor-patient relationship. Moreover, use of these instruments may help physicians gain more appropriate information prior to making a diagnosis. On the other hand, the checklists cannot serve as measures of health status because they do not consider the impact of the symptoms upon functioning nor do they include duration of the problem. In addition, the checklists do not yield meaningful scores.

REVIEWER'S REFERENCES

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