

SOFTWARE REVIEWS

Wellness Checkpoint (Windows version), 1993. InfoTech Inc, 485 Madison St, Winnipeg, MB, Canada R3J 1J2; telephone: 204-788-1500; \$199, plus customization if desired.

DOCUMENTATION: Approximately 35-page, black-and-white illustrated, 8.5 x 11 in. manual in a plastic, spiral-bound report cover.

HOW SUPPLIED: Seven 1.44MB, 3.5-in. floppy diskettes.

HARDWARE REQUIREMENTS: *Minimum:* PC with Windows 3.1, 22MB free hard disk space for program (data requires extra), 4MB RAM, 256 color VGA monitor recommended.

POINTING DEVICE: Necessary.

CUSTOMER SUPPORT: Toll-free call.

DEMONSTRATION DISKS: Yes; also through Internet, <http://www.infotech-wellness.com/>.

GUARANTEE: 90 days that software will perform as advertised.

RATING: Very good.

Wellness Checkpoint (Wellness) is 20+MB worth of hard-disk health-risk

appraisal software that the company will customize to the purchaser's specifications. The basic package (evaluated version) is \$199; customization is extra. *Wellness* might be purchased by physicians, insurers, hospitals, or employers. The end user—a patient or employee—sits at a terminal and uses the software. Calculation and tabulation of health risk is well suited to computerization.

Wellness loads readily using a Windows File-Run command. Its main menus offers four choices: (1) "About Wellness," a relatively short, very well done introduction to the concepts of wellness, modifiable and nonmodifiable risk factors, and active management of the risks; (2) the "Wellness Assessment," the meat of the program; (3) "Wellness Strategy," which provides basic education about modifiable risk factors; and (4) "Wellness Reports," which displays the user's personalized appraisal. The purchaser can easily modify each subsection in the "Wellness Strategy" section to include community resources, such as listing local smoking cessation

programs in the section discussing smoking.

I would recommend users begin with the optional introduction section, "About Wellness"; it is short and informative. Next, the user would choose the "Wellness Assessment" and answer about 20 minutes' worth of questions. To enter this section, users must enter a user name and password; these must be used later to re-access the program or access the "Wellness Reports." These entries must be continuous letters, eg, "garynfox" without spaces. Most questions are yes/no or single choice (single, married, etc), with selections chosen by mouse click. Some questions require numerical keyboard entry (age, weight, etc); there is no other typed response. Questions include age, sex, marital status, quantitative smoking and alcohol use, a brief dietary survey, nonprescription medication use, exercise habits, a stress and coping skills survey, a home and work environmental survey (mostly air quality), sun exposure and skin type assessment, weight, blood pressure, cholesterol (total and high-density lipoprotein [HDL]), personal diabetes and cancer status, family history (cancer, diabetes, vascular disease), and driving habits (seat belt use and alcohol). Absent were any question about the human immunodeficiency virus (HIV) risk, total miles driven, motorcycle use, depression or suicidal ideation, guns in the household or environment, witness to or participant in violent or potentially violent incidents, high-risk recreational endeavors (sky-diving, scuba diving, noncommercial flying), left ventricular hypertrophy, attitudes toward medical care or time of last physician contact, and locus of control evaluation. Most likely anyone having access to *Wellness* would also have good access to medical care and be at low risk for immunization-preventable illness, although there were no questions to ascertain this infor-

FIGURE 1

Typical interview session in the "Wellness Assessment."

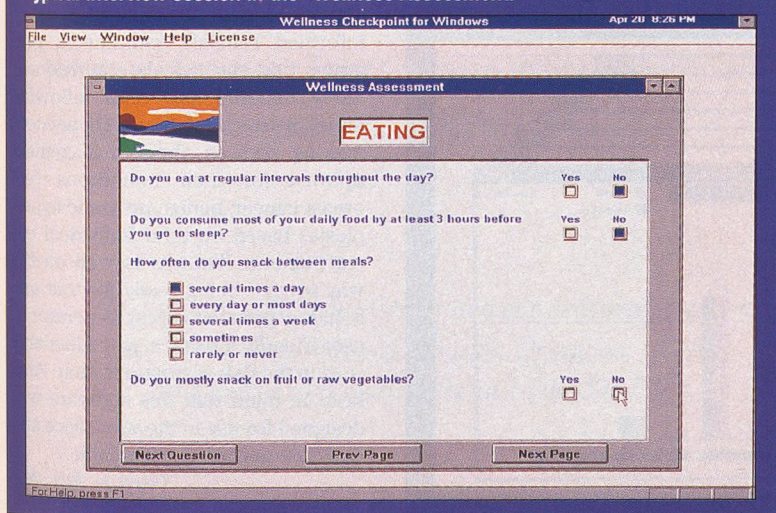
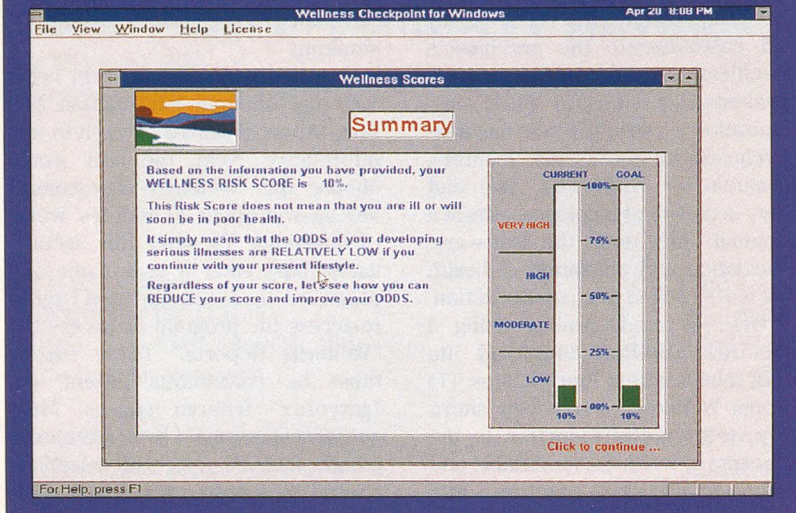


FIGURE 2

"Wellness Risk Score" summary. Physicians might wish to forewarn low-risk patients that a low score is a "good" score.



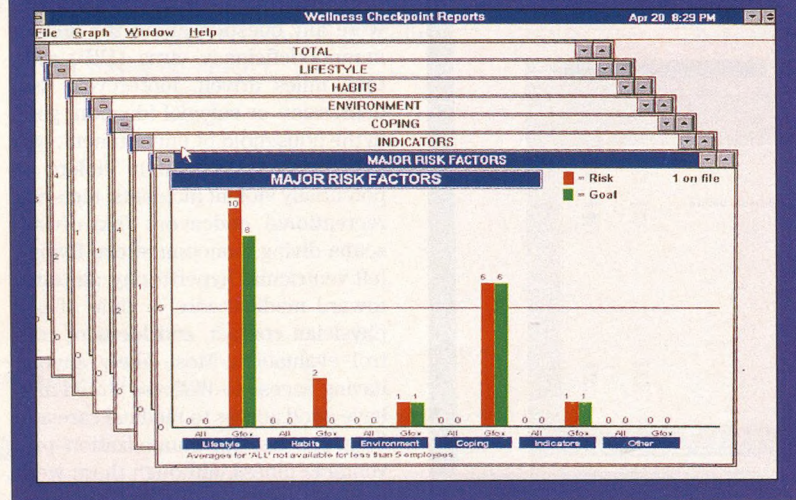
mation either.

After answering questions, the user receives an individual health-risk appraisal on screen, including a graphical representation of risk. The scores may be confusing to some individuals because a low "Wellness Risk Score," eg, 10%, is good. ("Wellness Score" with high being "good" or

"Risk Score" with low being good sounds better to me than the seemingly oxymoronic combination of "Wellness Risk.") Users can then opt to (1) review their personal risk factors in detail and have the opportunity to set goals for improvement; (2) review their personal risk factor summary; (3) print their profile; (4) or

FIGURE 3

Cascaded series of graphical reports that a user can view. The user's current risk points are in red, with user-set goals in green. If the user sets the goal at "0," no bar appears adjacent to the red ("Habits" column). If fewer than five users have entered data, no group data for comparison appears ("All" columns).



return to the main menus.

Reports may be both viewed and printed using the menus. If goals are set prior to printing reports, the reports include both the current risk and the target goal. On a Hewlett Packard Laser Jet 4 printer, my 10-page printout was impressively and thoroughly professional. To re-access the reports, the user name and password are needed. Therefore, in a medical setting, if the patient does not print the results, or does not provide the physician with the name and password used, the physician may not have access to the data. (This is an advantage in a corporate setting.) Goal setting is accomplished between patient and computer on a risk-by-risk basis: "Would you like to set some new goals for reducing your alcohol consumption?" (Yes.) "Will you continue drinking alcohol?" (Yes.) "How often will you drink alcohol?" followed by five check-box choices ranging from "daily or almost daily" to "rarely." The user's current status is indicated and the user chooses a new, it is hoped, more health-conscious goal.

Having the patient directly enter information saves labor but requires that patients have access to a computer in the office, which is not yet common. I surmise in-office clinical computer access for both physicians and patients will be driven by the demand for more sophisticated patient education (informed consent, informed refusal), multimedia programs that can calculate individuals likely benefits and risks, allowing patients to spend hours (if needed) making choices about management options for their conditions (eg, breast cancer, benign prostatic hyperplasia) based on their individual circumstances. *Wellness* is well on the way toward being ready for that era: it has a premier report generator, a user-friendly interface, and a laudable start in the risk-assessment area. Also keep in mind that this software was designed for use in the workplace and that customization is available.

Gary N. Fox, MD
Toledo, Ohio