



# Q&A Scoring and New Q&A Options

## Quick Guide

# Q&A Scoring

In this guide, we will cover the newest Q&A functionalities that allow requiring answers, auto-scoring, and completing forms. These items will not only ensure the forms are completed but are saved in the system. We will also be looking at the new auto-save report to client chart and allows printing on the client portal.

## Picklist Values

Anything that has a score attached to it will now work with the auto-scoring. Controls such as Scale of 1 to 10, Mild / Severe, and Pick Lists that have values attached will have a scoring. Pick Lists, such as the example below, must have values assigned in the *Misc Value* column to enable scoring.

To access Picklists, go to:

Administration > Q&A Set up > Q&A Picklist Management

Pick list Values: **Yellow system level records cannot be modified or deleted only inactivated.**

Pick List Value	Description	Order	Misc. Value
0 - Not at all		1	0
1 - Somewhat		2	1
2 - Moderately		3	2
3 - A Lot		4	3
*			

# Q&A Scoring

Question Indicator Name	Execute Statement	Required Always	Required Once	Include In Score 1	Include In Score 2
Trigger Calc Score 1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trigger Calc Score 2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Required Columns

Checking the *Required Always* option on a question will make it required to be answered before moving on to the next question. This ensures questions are answered in order and are not missed.

When *Required Once* is checked, it will only make the question required to be answered once.

A good of thumb is to check required always for all scorable questions to ensure the total scoring is correct..

# Q&A Scoring

## Required Columns Continued

The images on this page represent how the Q&A form will appear with the required column checked. The questions below the current will appear grayed out and will not be answerable until the current question is answered. Answering the current question will unlock the next question to be answered.

### Provider Portal

The screenshot shows the 'Provider Portal' interface. At the top, there is a 'Scoring Test' dropdown menu and a refresh icon. To the right, there are two checkboxes: 'Show Previous Answers' (unchecked) and 'Active Only' (checked). Below this is a blue instruction bar: 'Answer the following questions by selecting the answer that is most appropriate'. There are two collapsed sections: 'Anxious Feelings' and 'Anxious Thoughts'. The first question is expanded and active, with a blue header: '1. Anxiety, nervousness, worry or fear'. It is marked as '\* Required' and has four radio button options: '0 - Not at all', '1 - Somewhat', '2 - Moderately', and '3 - A Lot'. Below the options are links for 'Show Answers' and 'Show Graph'. The second and third questions are grayed out, indicating they are not yet answerable.

### Desktop

The screenshot shows the 'Desktop' view of the Q&A form. It features a blue header for the 'Anxious Thoughts' section. Below this, there are four question blocks, each with a blue header and a 'Required' label. Question 5 is active and has a white input box with four radio button options: '0 - Not at all', '1 - Somewhat', '2 - Moderately', and '3 - A Lot'. Questions 6, 7, and 8 are grayed out, indicating they are not yet answerable. Each question block also includes the same four radio button options.

# Q&A Scoring

## Required Columns Continued

Client Portal

Answer the following questions by selecting the answer that is most appropriate

**Anxious Feelings**

1. Anxiety, nervousness, worry or fear:  
*Answer Required*

0 - Not at all  
 1 - Somewhat  
 2 - Moderately  
 3 - A Lot  
 Saved

2. Feeling that things around you are strange, unreal or foggy:  
*Answer Required*

0 - Not at all  
 1 - Somewhat  
 2 - Moderately  
 3 - A Lot  
 Saved

3. Feeling detached from all or part of your body:  
*Answer Required*

0 - Not at all  
 1 - Somewhat  
 2 - Moderately  
 3 - A Lot

4. Sudden, unexpected panic spells:  
*Answer Required*

0 - Not at all  
 1 - Somewhat  
 2 - Moderately  
 3 - A Lot

Anxious Feeling Complete:  
*Answer Required*

Yes  No

# Q&A Scoring

Question	Description	Control	Include Remarks	Active	Fill In Blank	Required Always	Required Once	Include In Score 1	Include In Score 2	Include In Score 3	Include In Score 4
		Section Header	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer the following questions by selecting the answer that is most appropriate		Section Header	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious Feelings		Section Header	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Anxiety, nervousness, worry or fear		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Feeling that things around you are strange, unreal or foggy		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Feeling detached from all or part of your body		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Sudden, unexpected panic spells		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Apprehension or a sense of impending doom		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Feeling tense, stressed, "uptight" or on edge		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anxious Feeling Complete		Yes/No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious Thoughts		Section Header	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Difficulty Concentrating		Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Scoring Columns

The *Include in Score* columns can be utilized to manage up to four sets of groups for scoring purposes. This can be done by checking the Include in Score column that corresponds with the group of questions that need to be scored.

Include in Score 1 can be activated for the first group of questions

Include in Score 2 can be activated for the second group

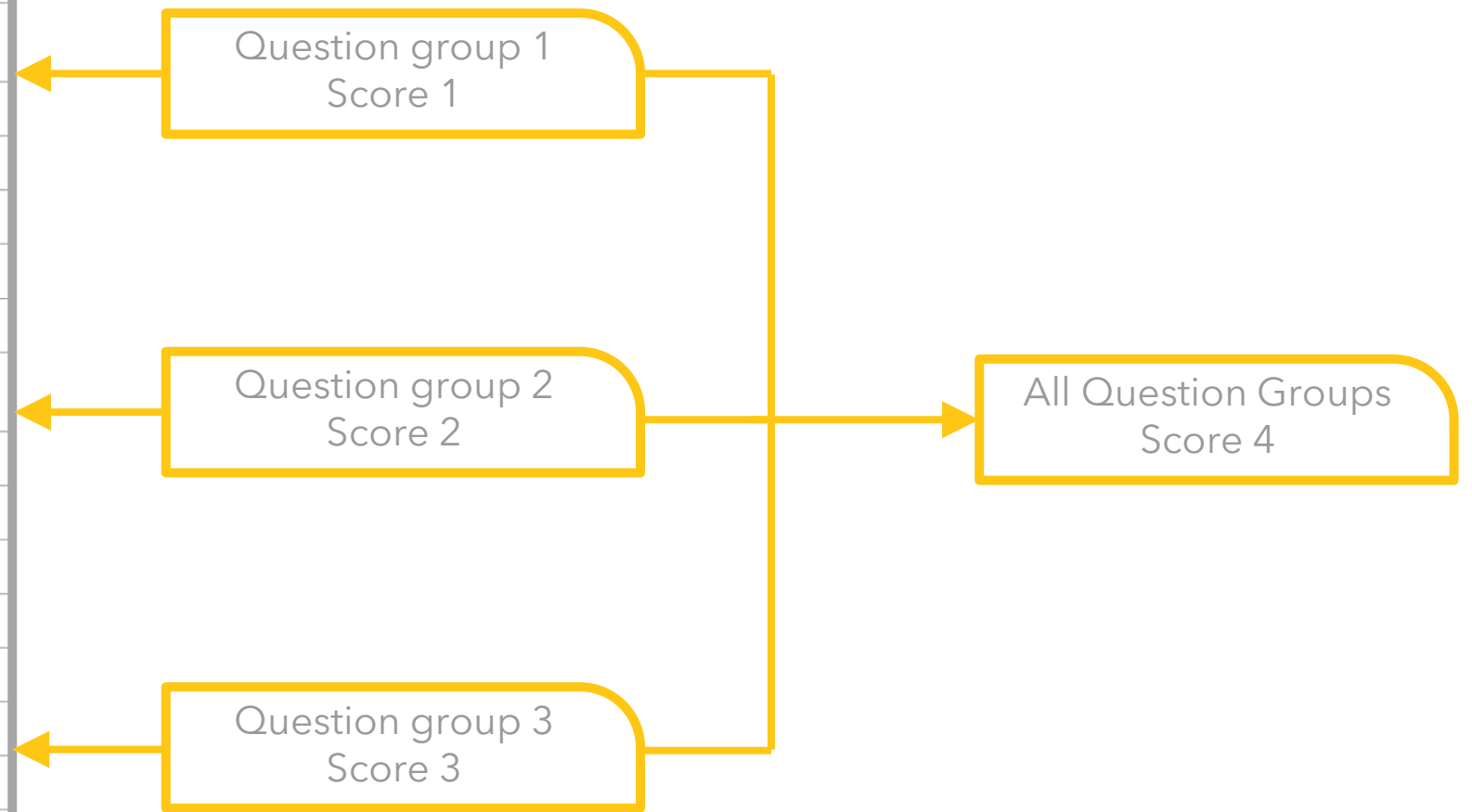
Include in Score 3 can be activated for the third group.

# Q&A Scoring

Required Always	Required Once	Include In Score 1	Include In Score 2	Include In Score 3	Include In Score 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Scoring Columns Continued

Let's take a look at how these groups can be set up:



# Q&A Scoring

Question	Description	Control	Question Indicator Name	Execute Statement	Required Always	Required Once	Include In Score 1	Include In Score 2	Include In Score 3	Include In Score 4
2. Feeling that things around you are strange, unreal or foggy		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Feeling detached from all or part of your body		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Sudden, unexpected panic spells		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anxious Feeling Complete		Yes/No	Trigger Calc Score 1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious Thoughts		Section Header			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Difficulty Concentrating		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Racing thoughts or having your mind jump from one thing to next		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Frightening fantasies or daydreams		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Feeling that you're on the verge of losing control		Pick List RadioButton			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anxious Thoughts Complete		Yes/No	Trigger Calc Score 2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Trigger Calc Score Question Indicator

For the next step, please ensure there is a final question for each group (i.e.: Group 1 Complete) and has a Yes/No control. For this question, the Trigger Calc Score under the *Question Indicator Name* will need to be checked, as this will activate the scoring for that specific group of questions.

The first group will have Tigger Calc Score 1, the second will have 2, the third will have 3.

Trigger Calc Score 4 will be utilized on the final question on the form, which will be the form completed question. This question should be set up with a Yes/No control and have the Form Complete Question column checked. When answered, this will trigger the form as completed and render the total scoring.

Form Complete	Control	Required Always	Required Once	Include In Score 1	Include In Score 2	Include In Score 3	Include In Score 4	Form Complete Question
	Yes/No							
	Trigger Calc Score 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# Q&A Scoring

## Score # Calc Question Indicator

The **Score # Question** indicator will be set up similarly to the Trigger Calc Score indicator mentioned on the previous page.

Below each question group's complete line, there should be a row created for generating the score to appear for that specific group.

To do this, create a line below the question group's complete line, assign **Number with Decimal** for the control, assign the appropriate **Score # Question** for the *Question Indicator Name* column, and make sure active is unchecked. This will activate a background calculation and will not be seen by who is filling out the form. Once the group complete line is marked as yes, the form will generate the score for that specific group.

To generate the final score, which includes all groups, simply create a row below the form complete question and assign the appropriate **Score # Question** for the *Question Indicator Name* column.

Question	Description	Exclude From Narrative	Control	Include Remarks	Active	Fill In Blank	Order	Question Indicator Name	Execute Statement	Required Always	Required Once	Include In Score 1	Include In Score 2	Include In Score 3	Include In Score 4	Form Complete Question
Anxious Feelings		<input type="checkbox"/>	Section Header	<input type="checkbox"/>	<input checked="" type="checkbox"/>		10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Anxiety, nervousness, worry or fear		<input type="checkbox"/>	Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		15			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Feeling that things around you are strange, unreal or foggy		<input type="checkbox"/>	Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		20			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Feeling detached from all or part of your body		<input type="checkbox"/>	Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		25			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Sudden, unexpected panic spells		<input type="checkbox"/>	Pick List RadioButton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		30			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anxious Feeling Complete		<input type="checkbox"/>	Yes/No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		35	Trigger Calc Score 1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious Feelings Score		<input type="checkbox"/>	Number with Decimal	<input type="checkbox"/>	<input type="checkbox"/>		36	Score 1 Question		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Q&A Scoring

The screenshot displays a desktop application interface for Q&A Scoring. The left pane shows a form with four required questions, each with a 4-point Likert scale (0 - Not at all, 1 - Somewhat, 2 - Moderately, 3 - A Lot). The right pane shows a table of results for the 'Anxious Feelings' group, with a total score of 5.

Question	Answer	Remark
Answer the following questions by selecting the answer that is most appropriate		
Anxious Feelings		
1. Anxiety, nervousness, worry or fear	0 - N...	
2. Feeling that things around you are strange, unreal or foggy	1 - So...	
3. Feeling detached from all or part of your body	2 - M...	
4. Sudden, unexpected panic spells	2 - M...	
Anxious Feeling Complete	Yes	
Anxious Feelings Score	5	
Anxious Thoughts		
5. Difficulty Concentrating	1 - So...	
6. Racing thoughts or having your mind jump from one thing to next	2 - M...	
7. Frightening fantasies or daydreams	3 - A...	
8. Feeling that you're on the verge of losing control	1 - So...	
Anxious Thoughts Complete	Yes	
Physical Symptoms		
9. Skipping or racing or pounding of the heart	0 - N...	
10. Pain, pressure or tightness in the chest	2 - M...	
11. Tingling or numbness in the toes or fingers	1 - So...	
12. Butterflies or discomfort in the stomach	3 - A...	

## Q&A Form – Desktop View

When viewing from the Desktop application, the Q&A form with scoring should look like image shown above. You can see the questions are answered and the group complete question is answered as yes on the left side. On the right, the answers and score are visible in the Answer column.

# Q&A Scoring

## Q&A Form - Provider Portal View

When viewing from the Provider Portal, the Q&A form with scoring should look like images to the left. Each group of questions, when answered will show the tallied score.

In the image below to the left, when the form completed question is answered yes, a total score will appear at the bottom.

## Q&A Form - Client Portal View

When a client fills out a Q&A form via the Client Portal, they will not be able to see the scoring, as it will be viewable to the provider/user only.

Please note, if the client chooses to print out the form, the scoring will be visible on the pdf. See the next page for information on *Allowing Printing on Client Portal*.

The screenshot displays a Q&A form in the Provider Portal view. It consists of several sections, each with a question and a set of radio button options. The questions are:

- 1. Anxiety, nervousness, worry or fear (Required). Options: 0 - Not at all, 1 - Somewhat (selected), 2 - Moderately, 3 - A Lot.
- 2. Feeling that things around you are strange, unreal or foggy (Required). Options: 0 - Not at all, 1 - Somewhat, 2 - Moderately (selected), 3 - A Lot.
- 3. Feeling detached from all or part of your body (Required). Options: 0 - Not at all, 1 - Somewhat (selected), 2 - Moderately, 3 - A Lot.
- 4. Sudden, unexpected panic spells (Required). Options: 0 - Not at all, 1 - Somewhat, 2 - Moderately, 3 - A Lot (selected).
- 11. Tingling or numbness in the toes or fingers (Required). Options: 0 - Not at all, 1 - Somewhat, 2 - Moderately, 3 - A Lot (selected).
- 12. Butterflies or discomfort in the stomach (Required). Options: 0 - Not at all, 1 - Somewhat, 2 - Moderately (selected), 3 - A Lot.

Below the questions, there are two summary sections:

- Anxious Feelings Complete** (Required): Yes (selected), No.
- Physical Symptoms Complete** (Required): Yes (selected), No.

At the bottom, there are two score sections:

- Anxious Feelings Score**: 7
- Physical Symptoms Score**: 10

Finally, at the very bottom, there is a **Form completed?** (Required) section with Yes (selected) and No options, and a **Score Total** section showing a total score of 22.

# New Q&A Options

Form Complete:  
*Answer Required*

Yes  No  Saved

View Document

Cancel Save

Allow Printing On Client Portal

Auto Save Report To Client Chart

Renewal SubType: \*\*\* N/A \*\*\*

Document Viewer Back To Documents

Questionnaire-AAA-Test

1 of 2 100%

**Jackson Office**  
744 South Oak Blvd  
Sylva NC, 28779  
Phone: (586) 660-6546 Fax: (586) 666-5465

**Questionnaire**

Questions 1-5

Question 1  
5

Question 2  
4

Question 3  
1

## Allow Printing On Client Portal

This option can be found on the top right of a Q&A when in Q&A Set Up. When checked, this will allow forms to be printed from the Client Portal. Once a client completes the form complete question, the option to View Document will appear. When viewing the document, they can opt to print it from the document viewer.

Exit

Allow Printing On Client Portal

Auto Save Report To Client Chart

Renewal SubType: \*\*\* N/A \*\*\*

Display Order: 0

Display QnA Decision Support Filter

## Auto Save Report to Client Chart

When this is checked and the form has been completed and saved, it will automatically save a copy of the form in client's chart under the *Documents* tab.