Patient Activation Assessment

Being an active participant in your health and with your doctors is very important. Your QIN- QIO would like to ask you a few questions about how you manage your medical care to help us find areas where we can improve healthcare for everyone. Please take a few moments to answer the following questions. Your responses are completely private, and no personal information will be collected**.**

* 1. Please tell me how confident you are that you can identify when it is necessary for you to get medical care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very Confident** | **Confident** | **Somewhat Confident** | **Not At All Confident** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

The following are questions related to how you make healthcare decisions. The answers to these questions will help Medicare better understand how people use Medicare services.

* 1. How confident are you that you can identify when you are having side effects from your medications?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very Confident** | **Confident** | **Somewhat Confident** | **Not At All Confident** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Doctors often give instructions about how you should take care of yourself at home, like changing a bandage, taking medicines on schedule or applying ice packs. How confident are you that you can follow instructions to care for yourself at home?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very Confident** | **Confident** | **Somewhat Confident** | **Not At All Confident** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that [you] can follow these recommendations?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very Confident** | **Confident** | **Somewhat Confident** | **Not At All Confident** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very Likely** | **Likely** | **Unlikely** | **Very Unlikely** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. How likely are you to tell your doctor when you disagree with him or her?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Very Likely** | **Likely** | **Unlikely** | **Very Unlikely** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, usually, sometimes or never read about health conditions in newspapers, magazines or on the internet?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, sometimes, usually, or never read information about a new prescription, such as side effects and precautions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, sometimes, usually or never bring with you to your doctor’s visits a list of questions or concerns you want to cover?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, sometimes, usually or never leave your doctor’s office feeling that all of your concerns or questions have been fully answered?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, usually, sometimes or never take a list of all your prescribed medicines to your doctor’s visits?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, sometimes, usually or never make sure you understand the results of any medical test or procedure such as an x- ray, blood test, or EKG for heart conditions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. Do you always, usually, sometimes or never talk with your doctor or other medical person about your options if you need tests, follow-up care, or a referral for care by a medical specialist?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. My doctor listens to what I have to say about my symptoms and concerns. Does that always, sometimes, usually, or never happen?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. My doctor explains things to me in terms that I can easily understand. Does that always, sometimes, usually or never happen?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

* 1. I can call my doctor’s office to get medical advice when I need it. Does that always, sometimes, usually, or never happen?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always** | **Usually** | **Sometimes** | **Never** | **Do Not Know** | **Prefer Not to Answer** |
|  |  |  |  |  |  |

Thank you for taking the time to complete this questionnaire. Your input is valuable.