



Patient Activation Measure (PAM®)

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|--------------------------|--|
| Patient Legal First Name | |
| Patient Legal Last Name | |
| Date of Birth | |
| Date of PAM | |

Below are statements people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally.

Circle the answer that is most true for you today. If the statement does not apply, select N/A.

| | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------|-------------------|----------|-------|----------------|-----|
| 1. | When all is said and done, I am the person who is responsible for taking care of my health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 2. | Taking an active role in my own health care is the most important thing that affects my health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 3. | I am confident I can help prevent or reduce problems associated with my health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 4. | I know what each of my prescribed medications do. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 5. | I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 6. | I am confident that I can tell a doctor concerns I have even when he or she does not ask. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 7. | I am confident that I can follow through on medical treatments I may need to do at home. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 8. | I understand my health problems and what causes them. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 9. | I know what treatments are available for my health problems. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 10. | I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 11. | I know how to prevent problems with my health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 12. | I am confident I can figure out solutions when new problems arise with my health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 13. | I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |



STOP: STAFF SECTION TO COMPLETE
ALTO: SECCIÓN DEL PERSONAL PARA COMPLETAR

- Patient refused PAM assessment

Exclusions: The patient has the current below active diagnoses and should be excluded from receiving the PAM survey:

- Unspecified dementia without behavioral disturbance (F03.90)
- Delirium due to known physiological condition (F05)
- Mild Cognitive Impairment, so stated (G31.84)
- Other Psychoactive Substance Abuse, Uncomplicated (F19.10)
- N/A