

UR No:	
Name:	
DOB	
Date:	
Affix Identification Label Here	

PARTNERS IN HEALTH SCALE

Person with Chronic Health Condition to Complete
Please circle the number that most closely fits for you

1. Overall, what I know about my health condition(s) is:

0	1	2	3	4	5	6	7	8
Very little			Something			A lot		

2. Overall, what I know about my treatment, including medications of my health condition(s) is:

0	1	2	3	4	5	6	7	8
Very little			Something			A lot		

3. I take medications or carry out the treatments asked by my doctor or health worker:

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

4. I share in decisions made about my health condition(s) with my doctor or health worker:

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

5. I am able to deal with health professionals to get the services I need that

fit with my culture, values and beliefs:

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

6. I attend appointments as asked by my doctor or health worker:

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

7. I keep track of my symptoms and early warning signs (e.g. blood sugar levels, peak flow, weight, shortness of breath, pain, sleep problems, mood):

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

8. I take action when my early warning signs and symptoms get worse:

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

9. I manage the effect of my health condition(s) on my physical activity (i.e. walking, household tasks):

0	1	2	3	4	5	6	7	8
Not very well			Fairly Well			Very Well		

10. I manage the effect of my health condition(s) on how I feel (i.e. my emotions and spiritual wellbeing):

0	1	2	3	4	5	6	7	8
Not very well			Fairly Well			Very Well		

11. I manage the effect of my health condition(s) on my social life (i.e. how I mix with other people):

0	1	2	3	4	5	6	7	8
Not very well			Fairly Well			Very Well		

12. Overall, I manage to live a healthy life (e.g. no smoking, moderate alcohol, healthy food, regular physical activity, manage stress):

0	1	2	3	4	5	6	7	8
Not very well			Fairly Well			Very Well		