



38371

Hospital ID:  Site Staff ID:  Participant ID: Date  /  /   
day month year**Patient Activation Measure (PAM) 13™** ©Insignia Health, LLC 2013

Below are some statements that 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 by crossing your answer. Your answers should be what is true for you and not just what you think others want you to say. If the statement does not apply to you, cross N/A. (Please choose only one response for each statement).

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