



Caregiver/Carer

Patient Activation Measure[®] (CG-PAM[®]) 13 UK

License Materials



Please indicate how much you agree or disagree with each statement as it applies to you personally as the caregiver/carer for _____. There are no right or wrong answers, just what is true for you as a caregiver/carer. If the statement does not apply to you, circle N/A

| | | | | | | |
|-----|---|-------------------|----------|-------|----------------|-----|
| 1. | I am responsible for seeing that this person's health is managed properly. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 2. | Taking an active role in this person's healthcare is one of the most important factors in determining her/his health and ability to function. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 3. | I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with this person's health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 4. | I know what each of this person's prescribed medications do. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 5. | I am confident that I can tell when this person needs to get medical care and when I can handle the problem myself. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 6. | I am confident I can tell a doctor or nurse the concerns that I have about this person's health even when he or she does not ask. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 7. | I am confident that I can carry out medical treatments I need to do for this person at home. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 8. | I understand the nature and causes of this person's health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 9. | I know the different medical treatment options available for this person's health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 10. | I am able to help this person maintain lifestyle changes, like healthy eating or exercising, for her/his condition. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 11. | I know how to prevent problems with this person's health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 12. | I am confident I can work out solutions when new situations or problems arise with this person's health. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 13. | I am confident I can help this person with lifestyle changes, like healthy eating and exercise, even during times of stress. | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |

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