

Administered by: _____

Date: _____

First Name _____

PAM Score: _____

Last Name _____

Level: _____

Address _____

Street

Apt #

City

Zip Code

Date of Birth ____ / ____ / ____

MM

DD

YYYY

Phone Number: _____

1. Do you have health insurance?

Yes

No

If you answered “yes”, go to question #2.

If you answered “no”, go directly to the next page.

2. Which health insurance plan do you have?

Medicaid

Total Care Medicaid Managed Care

Excellus Medicaid Managed Care

United Healthcare Medicaid

Fidelis Medicaid Managed Care

Managed Care

Other

If you have any of the plans listed, fill out your Medicaid ID / CIN # here: _____

and go to question #3.

If you answered “Other”, stop here.

3. How many medical visits or appointments have you had in the last 12 months?

0

1-2

More than 2

If you answered “0” or “1-2”, go directly to the next page. If

you answered “More than 2”, go to question #4.

4. Where did you go for these medical visits or appointments? Check all that apply.

Doctor’s Office

Dentist

Emergency Room / Emergency

Eye Doctor

Department

Walk-In

If you did NOT answer, “Doctor’s Office”, go directly to the next page. If you answered “Doctor’s Office”, stop here.

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Patient Activation Measure 10-Item

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 circling your answer. If the statement does not apply to you, circle Not Applicable (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 know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. 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
5. 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
6. 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
7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. 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