**FLINDERS UNIVERSITY**

Flinders Human Behaviour & Health Research Unit

## Self-Management Program

# PARTNERS IN HEALTH SCALE

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| Guidelines to using the SCALE - NZ V1.0 February 2011 |

**How can the Partners in Health Scale help you?**

People who work in partnership with their doctor and other care providers usually enjoy better health and are more satisfied with the services they receive. The Partners in Health Scale helps you to build this relationship with your doctor and other health workers.

This form will assist you and your doctor and other health workers to develop your Care Plan. It will also enable you to become more actively involved in the self-management of your health. More active involvement has the potential to significantly improve your quality of life.

**How should you complete the form?**

Please circle the number on the scale that most closely matches your response for each of the questions on the attached sheet. The scale will look like this

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 |
| Very little | | | Something | | | | | | A lot | | | |
|  | | |  | | | | | |  | | | |
|  | | |  | | | | | |  | | | |
| OR THIS | | |  | | | | | |  | | | |
|  | | |  | | | | | |  | | | |
| 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 |
| Never | | | Sometimes | | | | | | Always | | | |

OR THIS

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

**What should you do with the completed form?**

Return to your doctor or health worker, who will discuss these questions with you.

|  |
| --- |
| **PARTNERS IN HEALTH SCALE** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI: \_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

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 medication/s & treatment/s for 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 healthcare team:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 healthcare team:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 healthcare team:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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, swelling, pain, sleep problems, mood):

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 |  |
| **Never** | | | **Sometimes** | | | | | | **Always or Not needed** | | | | |

**8. I take action when my early warning signs or 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 daily physical activities*** (e.g. walking, hobbies & 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** | | | |

**11a. I manage the effect of my health condition(s) on *my social life*** (i.e. how I mix and connect with others and in my personal relationships):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 |
| **Not very well** | | | **Fairly well** | | | | | | **Very well** | | | |

**11b. I have enough support from my family/whānau or carers to manage my health:**

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

**12. Overall, I manage to live a healthy lifestyle** (e.g. I don’t smoke and I am not a heavy drinker, I eat healthy food, do regular physical activity, manage my stress and sleep well):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | | 2 | 3 | 4 | 5 | 6 | | 7 | 8 |
| **Not very well** | | | **Fairly well** | | | | | | **Very well** | | | |