

# Client Self-Management Assessment Tool

(To be completed by client at initial assessment and on discharge from the program)



Client Name: ..... Date of Birth: ...../...../.....

☐ Client unable to complete due to.....

Please complete these 12 questions, circling the number that most fits with you:

**Question 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

**Question 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

**Question 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

**Question 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

**Question 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

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

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

**Question 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

**Question 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

**Question 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

**Question 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

**Question 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

**Question 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

**Pre Assessment** Date: ...../...../.....

**Total Score:**

**Post Assessment** Date: ...../...../.....

**Total Score:**