

# Client Self-Management Assessment Tool

## Cue and Response interview

CUE QUESTIONS	Notes	HP's Score	Client PIH Score
<b>1. Knowledge of Conditions</b> <ul style="list-style-type: none"> <li><b>What do you know about your condition(s)?</b> (e.g. causes, effects, symptoms)</li> <li><b>What could happen to you with this condition?</b></li> <li>What does your family/carer understand about your condition?</li> </ul>			
<b>2. Knowledge of Treatment</b> <ul style="list-style-type: none"> <li><b>What can you tell me about your treatment?</b></li> <li>What have been the side effects of your treatment?</li> <li><b>What may happen if the treatment is stopped?</b></li> <li>What other treatment options including alternative therapies do you know about?</li> <li>What does your family/carer understand about your treatment?</li> </ul>			
<b>3. Medications and Treatment Management</b> <ul style="list-style-type: none"> <li><b>What stops you from taking medication as prescribed by your doctor/ health worker?</b> (e.g. consider lack of understanding, frequency, side effects, costs, other barriers)</li> <li>What other vitamins, supplements or social drugs do you take?</li> <li><b>What stops you from carrying out your other treatments?</b> (e.g. knowing what to do and why, time, energy, physical, other barriers)</li> </ul>			
<b>4. Sharing in Decisions</b> <ul style="list-style-type: none"> <li><b>How involved do you feel in making decisions about your health with your doctor/ care coordinator?</b></li> <li><b>Does your doctor/ health worker listen to you?</b></li> <li>Is there anyone else who makes your health decisions for you?</li> </ul>			
<b>5. Accessing Services</b> <ul style="list-style-type: none"> <li><b>How do you get the services you need to manage your health?</b></li> <li><b>How do these services fit in with your culture, values and beliefs?</b></li> <li>How confident are you dealing with health professionals to get these services?</li> <li>Is there anything else that stops you from using these services?</li> </ul>			
<b>6. Attending Appointments</b> <ul style="list-style-type: none"> <li><b>What prevents you from attending your appointments?</b> (e.g. transport problems, costs, physical disability)</li> </ul>			

Select the number that best matches your response for each question and write this in the boxes alongside the questions.

0	1	2	3	4	5	6	7	8
Very Little				Something			A lot	
Never				Sometimes			Always	
Not Very Well				Fairly Well			Very Well	

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<b>7. Symptom Monitoring</b> <ul style="list-style-type: none"> <li>What are the early warning signs or symptoms that you need to check and write down for your condition(s)? (Consider pain, shortness of breath, blood sugars, peak flow, weight)</li> <li>Why is it important to check for early warning signs or symptoms?</li> <li>How often do you check and/or write down these signs and symptoms?</li> <li>What stops you from doing this?</li> </ul>			
<b>8. Response and Symptom Management</b> <ul style="list-style-type: none"> <li>What do you do to manage your early warning signs and symptoms?</li> <li>What stops you from taking the recommended action?</li> <li>Do you have a written action plan? How is your family/carer/other involved?</li> </ul>			
<b>9. Managing Impact of Condition(s) on Physical Activity</b> <ul style="list-style-type: none"> <li>What activities have become more difficult to do? (e.g. showering, walking, household jobs, etc.) (Describe)</li> <li>What things can you no longer do?</li> <li>How much does your health condition(s) interfere with you going out of your home?</li> <li>How do you manage these aspects?</li> </ul>			
<b>10. Managing Impact of Condition(s) on Emotional and Spiritual Wellbeing</b> <ul style="list-style-type: none"> <li>Do you ever feel as though the effort of daily activities is too much for you? (e.g. feeling tired, can't be bothered) (Describe)</li> <li>Does your illness ever get you down?</li> <li>How do you feel about your life at the moment?</li> <li>How does your illness affect your spiritual wellbeing?</li> </ul>			
<b>11. Managing Impact of the Condition(s) on Social Aspects of Life</b> <ul style="list-style-type: none"> <li>Tell me about the people who support you.</li> <li>How does your condition affect the way you mix or socialise with other people? (e.g. family, friends, community, etc.)</li> <li>What aspects of your social life would you like to change? (Consider loneliness)</li> <li>How does your condition(s) impact on your ability to maintain work and/or hobbies?</li> </ul>			
<b>12. Healthy Lifestyle</b> <ul style="list-style-type: none"> <li>What do you do to help stay as healthy as possible?</li> <li>What things do you do that could make your health worse? (e.g. smoking, alcohol, diet, inactivity, stress, drugs, gambling)</li> <li>What aspects of your lifestyle would you like to change?</li> <li>We have talked about many things, is there anything else you want to add?</li> </ul>			

Select the number that best matches your response for each question and write this in the boxes alongside the questions.

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