



The PAM Questionnaire ...

Broadway Health

1) I am the person responsible for taking care of my health.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Taking an active role in my own healthcare is the most thing that affects my health.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) I am confident I can help prevent or reduce problems associated with my health

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) I know what each of my prescribed medications do.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) I am confident that I can tell whether I need to go to the doctor or whether I can take care of myself.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) I am confident that I need to tell a doctor or nurse, concerns I have even when he/she does not ask.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) I am confident I can carry out medical treatments I need to do at home.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) I understand my health problems and what causes them.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) I know what treatments are available for my health problems.

Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) I have been able to maintain lifestyle changes, like healthy eating or exercising.

Disagree
Strongly

Disagree

Agree

Agree
Strongly

N/A

11) I know how to prevent problems with my health.

Disagree
Strongly

Disagree

Agree

Agree
Strongly

N/A

12) I am confident that I can work out solutions when new problems arise with my health.

Disagree
Strongly

Disagree

Agree

Agree
Strongly

N/A

13) I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress.

Disagree
Strongly

Disagree

Agree

Agree
Strongly

N/A