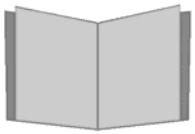
Name: _____

Patient Activation Assessment

Level of Performance (Please rate: 1 point each)

				
Medication Management	**Red Flags**	**Medical Care Follow Up**	**Personal Health Record (PHR)**	**Comments**
___ Demonstrates effective use of Medication Management System (medication organizer, flow chart, etc.) ___ For each medication, understands the purpose, when and how to take, and possible side effects ___ Demonstrates ability to accurately update medication list ___ Agrees to confirm medication list with PCP and/or Specialist	___ Demonstrates understanding of Red Flags, or warning signs that condition may be worsening ___ Reacts appropriately to Red Flags per education given (or understands how to react appropriately)	___ Can schedule and follow through on appointment(s). ___ Writes a list of questions for PCP and/or specialist and brings to appointment	___ Understands the purpose of PHR and the importance of updating PHR ___ Agrees to bring PHR to every health encounter	
Sum: /4	**Sum: /2**	**Sum**: /2	**Sum: /2**	

Total Score: /10