

## 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  
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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  
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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