



Administered by: \_\_\_\_\_

Date: \_\_\_\_\_

First Name \_\_\_\_\_

PAM Score: \_\_\_\_\_

Last Name \_\_\_\_\_

Level: \_\_\_\_\_

Address \_\_\_\_\_

Street Apt #

City Zip Code

Date of Birth \_\_\_/\_\_\_/\_\_\_  
MM DD YYYY

Phone Number: \_\_\_\_\_

**1. Do you have health insurance?**

- Yes **If you answered “yes”, go to question #2.**
- No **If you answered “no”, go directly to the next page.**

**2. Which health insurance plan do you have?**

- Medicaid
- Total Care Medicaid Managed Care
- Excellus Medicaid Managed Care  United Healthcare Medicaid
- Fidelis Medicaid Managed Care
- Managed Care
- Other **If you answered “Other”, stop here.**

**If you have any of the plans listed, fill out your Medicaid ID / CIN # here: \_\_\_\_\_ and go to the next page.**

Administered by: \_\_\_\_\_

Date: \_\_\_\_\_



### Patient Activation Measure 10-Item

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. If the statement does not apply to you, circle Not Applicable (N/A).

1. When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2. Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3. I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5. I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6. I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A



Administered by: \_\_\_\_\_

Date: \_\_\_\_\_

To license, contact Insignia Health at [info@insigniahealth.com](mailto:info@insigniahealth.com)