**Patient Instrument**

PAM-13 upfront and monthly due to cost

(1=strongly disagree; 2=disagree; 3=neither; 4=agree; 5=strongly agree)

1. When all is said and done, I am the person responsible for managing my health condition.
2. Taking an active role in my own health care is the most important in determining my ability to function.
3. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.
4. I know what each of my prescribed medications do.
5. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
6. I am confident I can tell my health care provider concerns I have even when he or she does not ask.
7. I am confident that I can follow through on medical treatments I need to do at home.
8. I understand the nature and causes of my health condition(s)
9. I know the different medical treatment options available for my health condition.
10. I have been able to maintain the lifestyle changes for my health that I have made.
11. I know how to prevent further problems with my health condition.
12. I am confident I can figure out solutions when new situations or problems arise with my health condition.
13. I am confident I can maintain lifestyle changes like diet and exercise even during times of stress

**Additional Patient Items**

(5 point scales, 1 Strongly Disagree – 5 Strongly Agree)

1. I am comfortable using technology to help me manage my chronic or complex medical condition.
2. I am excited to use technology to help me manage my chronic or complex medical condition.
3. I can manage my chronic or complex medical condition better with technology than without it.
4. I (can/am) benefit(ting) from technology that helps me manage my chronic/complex medical condition.
5. Technology can/is help(ing) me stay at home safely.
6. Technology can/is help(ing) me stay healthier.
7. Starting with the technology was easy.
8. I feel healthier today than I did yesterday.
9. I have been healthier while using the technology.
10. Open ended (pre): What concerns or worries you have about using this technology?
11. Open ended (pre): What hopes you have about using this technology?
12. How many hospitalizations have you had in the last year?
    1. (interview) For each, document reason for hospitalization