Hibbard Patient Activation Measure

(Responses may use Likert-type Scale)

Response option for each

1. Agree 🡪 if agree, would you say you:
   * + - 1. Somewhat agree
         2. Strongly agree

2. Neither agree or disagree

3. Disagree🡪 if disagree, would you say you:

1. Somewhat disagree
2. Strongly disagree

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| --- | --- | --- |
| No. | Original Question | Modified Question |
|  | When all is said and done, I am the person who is responsible for managing my health condition. | Although others such as health workers and family members may help me, the ultimate responsibility for managing my health condition is on me |
|  | Taking an active role in my own health care is the most important factor in determining my health and ability to function. | The most important thing that determines my health and well-being is that I am at the forefront of taking care of my own health, and not expecting others to play the lead role in matters related to my health |
|  | I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition | I am truly believe that I know the things that I need to do to prevent or minimize those symptoms and problems, and I can do those things needed to prevent/minimize |
|  | I know what each of my prescribed medications do | I know the effects and side effects of my medicines |
|  | I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself. | I feel sure that I know when I should seek medical care and when I can take care of things myself. |
|  | I am confident that I can tell a doctor concerns I have even when he or she does not ask. | I am confident that I can tell a doctor concerns I have even when he or she does not ask. |
|  | I am confident that I can follow through on medical treatments I need to do at home | I truly believe that I can carry out my medical treatment at home |
|  | I understand the nature and causes of my health condition(s). | I know the reasons for my health conditions and what it can do to my health  I understand why I come to the HIV clinic. I know what it means to have HIV and how to live positively. I know what causes it. I also know how the disease progresses with treatment and without treatment |
|  | I know the different medical treatment options available for my health condition. | I know [about] the healthcare services offered at hospitals that are available for treating my health condition….” |
|  | I have been able to maintain the lifestyle changes for my health condition that I have make. | Because of my health condition, I had to make changes in my lifestyle. I have been able to maintain this new way of living/lifestyle. |
|  | I know how to prevent further problems with my health condition. | My health condition could worsen due to a number of things. However, I know what I need to do to prevent it from worsening. |
|  | I know how to prevent further problems when new situations or problems arise with my health condition. |  |
|  | I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress | My health condition could worsen due to a number of things. However, I know what I need to do to prevent it from worsening. |