



# Personalisation Questionnaire

Your name

Date

Please fill out this questionnaire so we can ensure your treatment support is tailored to you.  
Once completed hand this back to your nurse, who will then put it into the Cerdelga® Life portal

**Tick the checkbox next to the answer you feel is most appropriate and answer all the questions**

**I am the person who is responsible for taking care of my health**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**Taking an active role in my own healthcare is the most important thing that affects my health**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**I know what each of my prescribed medications do**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**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 ☐ Not Applicable

**I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**I am confident that I can carry out medical treatments I may need to do at home**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**I have been able to maintain lifestyle changes, like healthy eating or exercising**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**I know how to prevent problems with my health**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**I am confident I can work out solutions when new problems arise with my health**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable

**I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress**

☐ Disagree Strongly ☐ Disagree ☐ Agree ☐ Agree Strongly ☐ Not Applicable