The following questions may help you assess your patient’s ability to self-manage his or her own health. If possible, ask the questions when a family member or caregiver is present. If any answers concern you, consider following up with other assessments, such as the Mini-Mental State Examination if you’re concerned about cognitive status; the PHQ9 if you’re concerned about depression; or the DNT5 (a shortened version of the Diabetes Numeracy Test) if you’re concerned about the medication management abilities of a patient who has diabetes.

**HOME ENVIRONMENT**
- Do you live alone or with others? If with others, who?
- Does the place where you live have a kitchen?
- Are you able to prepare food for yourself?
- Are all utilities turned on (water, electricity, gas)?
- Do you know your neighbors?
- Can you walk safely in your neighborhood?
- Do you have a telephone? If yes, are you able to use it?

**EXERCISE**
- Do you exercise? If yes, what do you do, for how many minutes, and how often?

**TRANSPORTATION**
- Are you able to drive? If yes, do you have a valid driver’s license?
- Is there a vehicle you can drive?
- If needed, is there someone who can take you to appointments or the drug and grocery store?
- If needed, is a bus/subway stop nearby?

**ACTIVITIES OF DAILY LIVING**
- Are you able to perform daily activities, such as dressing, eating, bathing, and toileting, by yourself? If no, does someone else help you?

**HEALTH LITERACY**
- What level of education did you complete?
- Do you sometimes have trouble with reading or math?

**LANGUAGE, CULTURE, HEALTH BELIEFS, AND SPIRITUALITY**
- What are your reading, writing, and speaking abilities in your primary and secondary languages?
- Do you need an interpreter during medical appointments?
- Are you involved in a faith community? If yes, what faith, and does the community offer resources such as health screenings or support groups?
- Are there religious beliefs, customs, or restrictions that we should know about as we provide your medical care?
- Do you have any food or medication preferences or prohibitions?

**SOCIAL SUPPORT AND RESPONSIBILITIES**
- Is there someone who:
  - Will listen when you need to talk?
  - Will help you figure out a problem?
  - Will assist you with daily chores when you’re sick?
  - Will go out and have fun with you?
- Are you the caretaker for someone else who has a health problem? If yes, what does the caretaking entail?

**SUBSTANCE USE**
- Do you use tobacco? If yes, what kind, how long, and how much?
- Do you drink alcohol? If yes, how often and how much?
- Do you use drugs (such as marijuana, LSD, heroin, speed, meth, narcotics)? If yes, how often?

**MENTAL HEALTH/MEMORY**
- This past month, have you:
  - Often felt down, depressed, or hopeless?
  - Often felt little pleasure or interest in doing things?
- Do you have memory problems? If yes, could you describe?
- Are you able to keep track of appointments on a calendar? If no, is there someone else you can rely on to keep track of your appointments and remind you?
FINANCES
Do you manage your own finances? If no, does someone else do it for you?
Do you sometimes skip medical appointments or not fill prescriptions because of the cost?

YOUR MEDICAL CONDITION (FOR PATIENTS WHO HAVE A CHRONIC CONDITION)
What is your understanding of your condition?

MEDICATIONS
Are you usually able to take prescription medicines as directed? If no, why?
• Do you sometimes not understand how to take them?
• Are some prescriptions too expensive?
• Does your insurance not cover prescriptions?
• Do you have trouble swallowing large tablets?
• Other reason:
Do you manage your own medications? If no, is there someone you can rely on to do this for you?

ADDITIONAL RESOURCES
The following American Family Physician articles have other assessment tools that may help:


