Patient and Family Engagement Pre-Intervention Questionnaire

1. Does your practice use a form or process that asks patients and families to identify preferences for language or learning?

 [ ] yes

 [ ] no

3. Is there a **shared care plan** for this patient that is documented in the EHR or chart?

[ ] yes

 [ ] no

4. Has your patient used a tool to assist in assessing their need for self-management support, such as the *Patient Activation Measure* or *How’s my Health?*

 [ ] yes

 [ ] no

5. Has the patient ever received some form of condition-specific self-management support? This includes, but is not limited to, medication education, diet/exercise counseling, a patient-held mini record, shared decision making tools, any goal setting and progress tracking process, or group visits.

 [ ] yes

 [ ] no

 [ ] I have no way to track this data in my medical record.

Suggested revision:

On review of this patient’s chart can you find documentation of the following elements:

|  |  |  |
| --- | --- | --- |
| Activity documented | Yes | No |
| Language preference |  |  |
| Learning preference |  |  |
| Shared care plan |  |  |
| Assessment of need for self management support (i.e. Patient Activation Measure) |  |  |
| Documentation of Self management support activities (i.e. medication education, diet/exercise counseling, a patient-held mini record, shared decision making tools, any goal setting and progress tracking process, or group visits, etc |  |  |