

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Self-Management Support – 5A's

**Agree** To an agenda - what does the patient want to work on?

\*Patient Goal: \_\_\_\_\_

**Assess** READINESS to Change  Not ready  Unsure  Ready  
IMPORTANCE in relation to other values  Low  Medium  High  
CONFIDENCE of success  Low  Medium  High

**Advise** What would the patient like to talk about? \_\_\_\_\_  
Information exchanged (elicit-provide-elicit): \_\_\_\_\_

**Assist** Patient to develop a personal action plan (if patient is ready).

**Dealing with resistance**

- Emphasize personal choice and control
- Reassess importance, confidence, readiness
- Do not confront resistance with force – use reflective listening

1. Options for behavior change (usually there are many possible courses of action)

2. Patients preferred option: \_\_\_\_\_

3. Are there barriers the patient needs help with (depression)?

4. Follow up plan - When : \_\_\_\_\_ How:  Phone \_\_\_\_\_  Other \_\_\_\_\_

Educator Signature: \_\_\_\_\_

**Arrange:** to contact the patient between visits.

\***Follow-up Contact:** Completed on - Date: \_\_\_\_\_

1. Results of behavior changes

2. Barriers encountered (if any)

3. Preferred option for new plan

4. Follow up plan - When : \_\_\_\_\_ How:  Phone \_\_\_\_\_  Other \_\_\_\_\_

Follow-up Signature: \_\_\_\_\_