CUE AND RESPONSE INTERVIEW

UR No: .....
Name: .....
DOB: .....
Date: .....
Affix Veteran Identification Label Here.

CUE QUESTIONS	Notes	HP's Score	PT's Score
1. KNOWLEDGE OF CONDITIONS: • **What do you know about your condition(s)?** (e.g. causes, effects, symptoms) • **What could happen to you with this condition?** • What does your family/carer understand about your condition?			
2. KNOWLEDGE OF TREATMENT: • **What can you tell me about your treatment?** • What have been the side effects of your treatment? • **What may happen if the treatment is stopped?** • What other treatment options including alternative therapies do you know about? • What does your family/carer understand about your treatment?			
3. MEDICATIONS AND TREATMENT MANAGEMENT: • **What stops you from taking medication as prescribed by your doctor/ health worker?** (e.g. consider lack of understanding, frequency, side effects, costs, other barriers) • What other vitamins, supplements or social drugs do you take? • **What stops you from carrying out your other treatments?** (e.g. knowing what to do and why, time, energy, physical, other barriers)			
4. SHARING IN DECISIONS: • **How involved do you feel in making decisions about your health with your doctor/ care coordinator?** • **Does your doctor/ health worker listen to you?** • Is there anyone else who makes your health decisions for you?			
5. ACCESSING SERVICES: • **How do you get the services you need to manage your health?** • **How do these services fit in with your culture, values and beliefs?** • How confident are you dealing with health professionals to get these services? • Is there anything else that stops you from using these services?			
6. ATTENDING APPOINTMENTS: • **What prevents you from attending your appointments?** (e.g. transport problems, costs, physical disability)			

Use the scale below, to select the number that best matches the response for each question. Write this number in the boxes above.

0	1	2	3	4	5	6	7	8
Very Little				Something				A lot
Never				Sometimes				Always
Not Very Well				Fairly Well				Very Well

CUE QUESTIONS	Notes	HP's Score	PT's Score
7. SYMPTOM MONITORING: • **What are the early warning signs or symptoms you check and write down for your condition(s)?** (e.g. pain, shortness of breath, blood sugars, peak flow, weight) • Why is it important to check for early warning signs or symptoms? • How often do you check and/or write down these signs and symptoms? • **What stops you from doing this?**			
8. RESPONSE AND SYMPTOM MANAGEMENT: • **What do you do to manage your early warning signs and symptoms?** • What stops you from taking the recommended action? • Do you have a written action plan? How is your family/carer/other involved?			
9. MANAGING IMPACT OF THE CONDITION(S) ON PHYSICAL ACTIVITY: • What activities have become more difficult to do? (e.g. showering, walking, household jobs, etc.) (Describe) • **What things can you no longer do?** • How much does your health condition(s) interfere with you going out of your home? • How do you manage these aspects?			
10. MANAGING IMPACT OF THE CONDITION(S) ON EMOTIONAL & SPIRITUAL WELLBEING: • Do you ever feel as though the effort of daily activities is too much for you? (e.g. feeling tired, can't be bothered) (Describe) • **Does your illness ever get you down?** • How do you feel about your life at the moment? • How does your illness affect your spiritual wellbeing?			
11. MANAGING IMPACT OF THE CONDITION(S) ON SOCIAL ASPECTS OF LIFE: • Tell me about the people who support you. • **How does your condition affect the way you mix or socialise with other people? (e.g. family, friends, community, etc.)** • What aspects of your social life would you like to change? (e.g. loneliness) • How does your condition(s) impact on your ability to maintain work and/or hobbies?			
12. HEALTHY LIFESTYLE: • What do you do to help stay as healthy as possible? • **What things do you do that could make your health worse?** (e.g. smoking, alcohol, diet, inactivity, stress, drugs, gambling) • **What aspects of your lifestyle would you like to change?** • We have talked about many things, is there anything else you want to add?			

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Very Little				Something				A lot
Never				Sometimes				Always
Not Very Well				Fairly Well				Very Well