

Readiness Assessment

In advance, thank you for taking the time to complete this Readiness Assessment. Your responses will help us understand how we can best to support you in managing your healthcare journey.

By answering these questions, we can:

- Ensure you have the tools and resources needed to participate fully.
- Identify any potential challenges so we can offer personalized assistance.
- Confirm that you are ready to take the next step toward becoming a Self-Health Advocate.

Name: _____ DoB: _____ Date: _____

Your information will remain confidential and will only be used to enhance your experience with us. Please answer each question as accurately as possible so we can provide the best support for your needs.

1. Medical Responsibilities

Do you handle your own medical finances, insurance, transportation to medical appointments, and daily living activities?

Yes No

2. Communication

Do you use email as one of your ways to communicate?

Yes No

Do you have access to the internet?

Yes No Limited access

3. Device Access

Do you have access to a computer?

Yes No Yes, but I share a device with someone else.

Do you have access to a smartphone, tablet, or other device for watching videos and receiving messages?

Yes No Yes, but I share a device with someone else.

4. Education and Language

On a scale of 1 to 10, with 10 being the most comfortable and 1 being the least, how comfortable do you feel completing our paperwork?

1 2 3 4 5 6 7 8 9 10

5. Living Environment

What is your current living arrangement?"

Living alone
 Living with family or friends
 Assisted living or group home
 Other: _____

Do you expect a significant change in your living environment within the next year?

Yes No

If yes, what change do you anticipate? _____