

PRISMS – Patient Report Informing Self-Management Support

Please put a cross on the line to show how much of a problem each item is for you.

Things that might concern you:

	Fatigue and lack of energy	OK	☺	_____	☹	Not OK
	Stress, worry and emotions	OK	☺	_____	☹	Not OK
	Shortness of breath	OK	☺	_____	☹	Not OK
	Pain and physical discomfort	OK	☺	_____	☹	Not OK
	Sleep problems	OK	☺	_____	☹	Not OK
	Managing to work	OK	☺	_____	☹	Not OK
	Support from family and friends	OK	☺	_____	☹	Not OK
	Support from the NHS	OK	☺	_____	☹	Not OK

Do you feel that you need support with:

	Understanding your condition	OK	☺	_____	☹	Need help
	Being able to relax	OK	☺	_____	☹	Need help
	Doing exercise	OK	☺	_____	☹	Need help
	Getting out and doing the things that you like to do?	OK	☺	_____	☹	Need help
	Sexual problems and intimacy	OK	☺	_____	☹	Need help
	Healthy eating	OK	☺	_____	☹	Need help
	Stopping smoking	OK	☺	_____	☹	Need help
	Managing your medicines	OK	☺	_____	☹	Need help
	Monitoring your condition and dealing with flare ups	OK	☺	_____	☹	Need help
	Any other problem? Please describe.					

Now, please put a cross beside the 3 items you feel that you need most help with.