



Title: Am I Really Ready to Cope with CD?  
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7:00 PM, Central Daylight Time (GMT-5:00 Chicago)  
6:00 PM, Mountain Daylight Time (GMT-6:00 Denver)  
5:00 PM, Mountain Standard Time (GMT-7:00 Phoenix)  
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## WHAT IS A WEBINAR?

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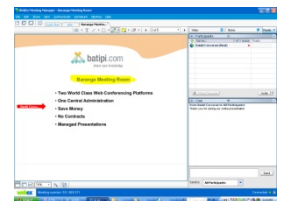
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If you are connected with your computer, your screen will have two parts. The main window, on the left-hand side of the screen, will have the slides that will be used to give the lecture. Another box on the right-hand side will have a list of all of the people who are attending the Webinar and a smaller box in which you can type your questions. (Keep in mind that everyone attending the Webinar will be able to see everything that you type into this box.) WE MOVE staff members will be watching for questions. We will copy these questions and make a list to give to Dr. Hibbard, Dr. Marks, and Ms. Heath during the third part of the webinar.



## WHAT WILL HAPPEN DURING THE WEBINAR?

1. The first part is the lecture: *Am I Really Ready to Cope with Cervical Dystonia?*
2. During the second part of the Webinar, Dr. Hibbard, Dr. Comella, and Ms. Blasucci will answer questions that people sent in when they registered for the Webinar.
3. After they finish answering the preregistered questions, Dr. Hibbard, Dr. Comella, and Ms. Blasucci will answer the questions that people submit during the Webinar.

## WHERE CAN I GET MORE INFORMATION ON THIS TOPIC?

Many people submitted questions during the registration process. During the Webinar, Dr. Hibbard, Dr. Comella, and Ms. Blasucci will try to answer all of the preregistered questions that are about coping with a diagnosis of CD. If your question is not answered, please go to the WE MOVE Discussion Forum at [www.wemove.org](http://www.wemove.org) and click on the *Discussion* tab located at the top of the page. Once you have registered to take part in the forums, you can post your questions in the *Dystonia* Forum and interact with others who have similar concerns.

## ***Introduction***

Self-efficacy, patient empowerment, and patient activation refer in slightly different ways to your belief in your ability to succeed in specific situations. Your sense of self-efficacy and your level of empowerment or activation can play a major role in how you approach goals, tasks, and challenges related to your health in general and your cervical dystonia (CD) in particular. According to Bandura, who coined the term *self-efficacy* in the 1970s, if you have a strong sense of self-efficacy, you are more likely to

- View challenging problems as tasks to be mastered.
- Develop deeper interest in the activities in which you participate.
- Form a stronger sense of commitment to your interests and activities.
- Recover quickly from setbacks and disappointments.

On the other hand, if you have a weak sense of self-efficacy, you are more likely to

- Avoid challenging tasks.
- Believe that difficult tasks and situations are beyond your capabilities.
- Focus on your personal failings and negative outcomes.
- Quickly lose confidence in your personal abilities.

## ***Why Does It Matter if I Can Manage my Health and Health Care?***

Research has shown that people with chronic diseases such as CD who can self-manage their health and healthcare are more likely to

- Take medications properly
- Have increased functioning
- Have improved health-related status
- Have less pain
- Incur lower healthcare costs
- Be hospitalized less often
- Have lower levels of stress and emotional distress related to the condition

Your level of activation can then impact the way in which CD changes your life. For example, you make decisions every day about managing life with CD, decisions such as

- What you eat
- Whether or not you smoke
- How often and to what extent you exercise
- How much sleep you obtain each night
- Whether or not you receive treatment for your CD
- When you do receive treatment, whether you stay with the treatment, change it or stop it
- How well you understand the medications that you take or the treatment that you are receiving for CD
- How you manage your CD with complementary and alternative medical approaches

## ***How is Activation Measured?***

Dr. Judith Hubbard and her colleagues at the University of Oregon have coined the term *activation* to describe people who have the knowledge, skills, and confidence to manage their own health and healthcare. The knowledge passed on to you today during the webinar may help you to have the confidence to make decisions that are right for you. For example, you may need to make choices

about what to do if you experience a side effect of a medication and whether you need to visit your doctor or other healthcare professional. When you are ready and willing to make choices that support your wellness, you are on your way to achieving positive self-management. When you have the tools and information about cervical dystonia (CD), what treatment options are available for CD, and what your role is in managing your disease, you are activated to do the best that you can for today—to take charge of your healthcare.

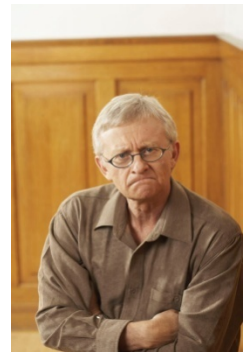
### ***How Do I Become More Activated?***

Learning about CD through identification of accurate information and finding effective treatment are often the first steps in achieving activation after you receive a diagnosis of CD. People with chronic diseases can also acquire specific skills to effectively take on the on day-to-day management of their care. These skills include having the ability to recognize emotional responses and manage these emotions, healthy and positive ways of coping with problems and stresses as they arise, and well-honed problem-solving skills.

### ***Managing Emotions***

#### **Identifying and Dealing with Emotions**

Emotions are part of everyday living and can be a response to stress. Feelings range from joy to sorrow and from courage to fear. Negative emotions are one way that you become aware that something is “off” or just not right in your world. Such feelings can arise even if you are not currently aware of what is wrong. Some people react to emotions by avoiding them or keeping them deeply “buried.” When you subdue, hush, deny, or avoid emotions, you are less able to be actively involved in what is happening today—right now. Such denial or avoidance ultimately decreases your ability to be involved with daily self-care and your ability to cope with the challenges of living with CD.



A healthy way of dealing with emotions is to be aware or mindful of them as they arise and look at them as clues for what is going on inside you. When you allow yourself to experience emotions and acknowledge and deal with them, you have taken the first step toward being what Dr. Hibbard calls *activated*; you've increased the possibility of being able to cope with the daily challenges of CD. For example, fear of the unknown is a common emotion as well as a common reaction when receiving a new medical diagnosis such as CD. At first, you may deny that the diagnosis is correct or you may be angry about the diagnosis, wondering why this has happened to you. These feelings may be followed by feelings of sadness or depression. The answer to dealing with these negative emotions seems to lie in acknowledging them, understanding them, and finding a way to accept the current situation.



During the time when you are feeling angry or depressed, your ability to care for yourself and manage your CD is compromised. Simple ordinary tasks can feel incredibly overwhelming.

At this point, you may experience a disconnect between what you know in your head is beneficial for your health and what you actually do; the inactivity or lack of activation may be paralyzing. You may no longer be able to connect with the life that you had before CD and, at the same time, you may not be able to envision your future. The life

that you had planned for yourself likely did not include developing CD, so the world as you had always imagined it is no longer valid. Losing perspective and a sense of your future are not uncommon for people who experience a new-onset chronic illness. Avoiding that sense of fear by figuratively running from it or shutting down when experiencing the fear can lead to an inability to

come to grips with what is causing the fear. However, taking a hard look at the fear of the unknown—finding out what it is about—can help you to understand yourself and the situation better and allow you to take the necessary steps to cope with the emotion. So you can feel the fear AND take actions that support your wellness. It may sound simple, but it is not necessarily easy.

## Coping

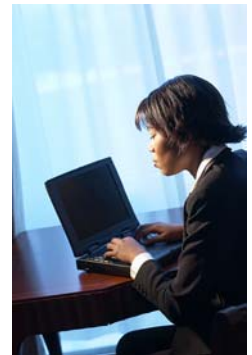


Coping is what you do when you face a stress, such as CD, that causes a disruption in your smooth functioning. When you encounter too much of the wrong kind of stress or do not have the coping skills necessary to deal with stress, you may become overwhelmed, depressed, or unable to deal with day-to-day situations. On the other hand, some stress combined with the right coping skills can result in improvements in many aspects of your life.

Coping can include purposefully doing something active, as well as making an active choice to do nothing. Other ways of coping include

- Obtaining more information related to your stressful situation
- Changing the way you view and deal with the situation
- Doing something to make yourself feel better without actually changing how you view or deal with the situation

Let's go back to the example of fear of the unknown when faced with a new diagnosis of CD. Each person with CD is unique and how the disease affects you can vary from person to person. However, basic information that is pertinent to everyone with CD may help people with newly diagnosed CD to understand their condition and treatment options. Healthy coping in this situation may involve seeking out information about CD from reliable sources such as CD/ Dystonia, WE MOVE, or the National Institutes of Health. Everyone needs this information to be able to make or modify plans for the future and to act in response to challenges and changes.



## Problem Solving

When you have a chronic illness like CD, you are constantly facing new issues, new challenges. When encountering a new problem or considering how to handle an existing problem, you can be most effective if you are creative in identifying what you want to have happen and then dedicate your energy to finding solutions to the problem—try to think outside the box. Write down every idea that you have, even if you know that it's not what you'll ultimately end up doing. Having good problem-solving skills means that you are able to (1) think about or define the problem that you're facing, (2) identify your options for solving the problem, (3) evaluate your options, and (4) choose a course of action.

The first step in problem solving is often the most important—how you define a problem tends to define your possible solutions. For example, if you define a new symptom as a natural and unavoidable side effect of treatment, you might not look for solutions to address the problem. On the other hand, if you define the symptom as being associated with this particular treatment and you have other treatment options, then searching out solutions becomes possible.

Let's take a look at an example of creative problem solving. Your life has been perking along very well, when, one morning, you wake up with excruciating pain in your shoulder. Fortunately, you're able to get in to see your doctor right away and receive a prescription for a new medication. It's now been a



few days after you've started taking the new medicine, and you're feeling rather out of sorts. You're not sure what it is, but, after thinking about it, you realize that, whenever you stand up quickly, you become so dizzy that you have to sit back down. The dizziness is especially bad when you get out of bed in the morning. As you try to identify when the dizziness began, you recognize that it started just about the same time that you started taking that new pain medication for your shoulder. First step completed—you've just defined your problem.

Your next step is to identify some options. First, you probably want to see if the medication has a known side effect of dizziness. You could read the package insert or call your pharmacist to find the answer. You could also ask the pharmacist if there are some self-help techniques that you can use to deal with the dizziness or if you can take the new medicine at a different time of day to lessen your dizziness. You could call your doctor and see if she can switch you to another medicine that doesn't cause dizziness.

Next, take a look at your options and see which ones are reasonable. Reading the package insert and calling the pharmacist, as well as identifying self-help techniques are reasonable first steps. If none of these solve the problem, calling your doctor makes sense as another option. Stopping the medicine without speaking with your doctor is not usually a good idea.

Finally, after evaluating your options, decide on the best course of action and take steps to relieve your dizziness. It might help to use these problem-solving skills on simpler problems that you encounter in your day-to-day living. That way, when you face a bigger challenge, you will have developed the skills to come up with creative solutions to any problems that come your way.

## LEARNING ABOUT CD

### *What Are the Symptoms of CD?*

CD is a specific type of dystonia. The formal definition of dystonia is "a syndrome of sustained, involuntary, muscle contractions, often causing twisting or repetitive movements or abnormal postures." CD is characterized by involuntary contractions of the cervical or neck muscles and abnormal movements and postures of the head. CD can be classified based on

- Symptoms
  - Anatomic distribution
    - Focal
    - Segmental
    - General
- Age of onset
  - Adult
  - Pediatric
- Cause or etiology
  - Primary
    - Genetic
    - Sporadic
  - Secondary
    - Trauma

- Metabolic disorder
- Infection
- Neurologic disorder
- Drug-induced

CD can also be classified based upon the direction of the chin rotation or the abnormal postures that the dystonia causes, but most people have multiple abnormal postures and movements associated with their CD. The most common types of abnormal postures are listed in the table below.

Posture	Definition
Torticollis	Rotation
Anterocollis	Neck flexion
Retrocollis	Neck extension
Laterocollis	Head tilt

Most people with CD express having a pulling or drawing sensation in their necks, particularly early in the disease. They also often have involuntary jerking or twisting of the head. Pain is typically present and often radiates into the direction that the head twists. Although CD varies from person to person, it typically causes abnormal head positions and generally doesn't spread to other areas of the body. In about 25% of people, however, it spreads to other parts of the head and jaw, and, in an even smaller number, spreads to more distal parts of the body.

In most people, the symptoms of CD become progressively worse over about five years and then seem to stabilize. Between 10% and 20% of people with CD will have a complete or partial remission. The vast majority of people with CD use a sensory trick (also called a *gestes antagoniste*) to relieve the muscle contractions and some people have found that simply thinking about the sensory trick can relieve the contractions.

### *How is CD Diagnosed?*

CD is a clinical diagnosis, meaning that doctors make the diagnosis of CD based on the symptoms that you tell them you are experiencing, your medical and medication history, and the signs that your doctor sees. Your doctor will likely want to know about your medical and family history to determine if you or your family members have any other movement disorders. Your doctor will also ask about any medications that you may have taken that could be causing the CD, any trauma that you may have suffered, and any other symptoms that you may have had immediately before the CD began.

During the physical examination, your doctor will pay particular attention to your posture and seek to identify the specific muscles that are leading to the abnormal posture caused by the CD. This process may include palpation (feeling the muscles) or the use of electromyography or EMG. EMG is used to check on the health of your muscles and the nerves that send signals to your muscles. During EMG, your physician or a technician inserts thin electrode-tipped needles into your muscles. These needles are attached to wires that connect to a machine that records activity in your muscles.



There are no specific tests that prove the diagnosis of CD. No laboratory tests and no x-rays or other imaging studies can confirm the diagnosis of CD.

### ***What Causes CD?***

Two gene defects—DYT6 on chromosome 8 and DYT 7 on chromosome 18—have been found to be associated with focal dystonias, but these defects do not account for all or even most cases of CD. Some studies have shown that people with CD are more likely to have other family members with dystonia than are people in general.

CD can also occur after a trauma, but trauma accounts for only a small number of cases of CD. Certain medications may cause dystonia in general and CD specifically. These drugs, which block the ability of nerve cells to send message with a chemical called dopamine, include antipsychotic medications and drugs used to treat nausea, vomiting, and slow emptying of the stomach.

### ***What is Happening in my Brain and Body?***

No one knows with certainty what is happening in your brain and body that leads to CD. However, scientists do have several areas of promising research and ideas about what might cause CD. One of the theories with the most support is that there is a two-hit mechanism—(1) a genetic defect in the body that leads to problems with the signaling of a chemical in the body, called dopamine, that is necessary for the transmission of messages between nerve cells about movement and (2) some other insult or injury to the body that leads to errors in the way the body processes sensations. These errors may occur in one of many places in the central nervous system (that is, the brain or spinal cord).

### ***Who Are These Team Members Who Can Help Me Manage my Symptoms?***

Often the best way to manage a chronic health condition is through a [multidisciplinary team](#) approach. With you and your caregivers at the center of team, healthcare professionals work with you to optimize your care. To be most effective as a member of the healthcare team, you need to be armed with skills, knowledge, and motivation.



Regrettably, not everyone with CD is fortunate enough to be able to receive their care as part of a multidisciplinary team. Health plans may dictate where you receive your care or you may live somewhere that you don't have access to care provided by a multidisciplinary team. These teams are most readily available at major medical centers and teaching hospitals. If you don't have access to a multidisciplinary team for your care, it becomes incumbent upon you to devise your own team and to coordinate your care. WE MOVE has put together a list of items that are commonly included in a [Care Notebook](#) to assist you in organizing pertinent information regarding your health care.

### ***I Have Information, Am I Ready to Make Some Changes in Managing my CD?***

By participating in this webinar, you have taken a vital step in gathering information to become an effective and engaged member of your healthcare team—that is, to become *activated*. But how do you know if you're ready to make some changes? Dr. Hibbard has outlined a [four-stage process](#) that people go through to become fully competent in managing their health. She and her coworkers have also developed a means to assess people's readiness to accept responsibility for or self-management of their chronic health conditions (their *activation* level). Called the [Patient Activation Measure™](#), this tool assesses your skill, knowledge, and confidence to manage a chronic health condition, such as CD.

## *How Do I Make Changes?*

If you decide that you want to take more responsibility for managing your health and your CD, that is, to move up from one stage to the next on the path to competent self-management of your health, take a moment to look the [list of competencies](#) that people who have CD can meet to achieve self-management of their disease. Are there any areas where you feel that you could make a few changes to become more competent?



If so, you can use a [Goal-setting Chart](#) to help you start. The chart can help you to lay out any changes you might want to make or goals you wish to set, examine why you want to make these changes or achieve these goals, identify any obstacles that may stand in your way of making the changes or achieving your goals, and sketch out your plans to make the change or achieve the goal, with a target date for implementing your plan. We've inserted a few items on this [Goal-setting Chart](#) to give you an idea of what we mean. Feel free to print copies of the blank Goal-setting Chart provided in the appendix and use them to help you set your goals.

Start with small changes or goals. For example, if you haven't been exercising at all, it makes sense to set a goal of walking to the end of the driveway every morning to pick up the newspaper and not one of running a marathon. Once you've been able to pick up the newspaper every day for two weeks, go back to the Goal-setting Chart, and create a new goal, perhaps one of walking to the corner and back or even around the block, depending upon how you feel.

Enlist the support of others to help you to make changes. If you want to start exercising, talk with your doctor or physical therapist. They may be able to help you to find an exercise plan that fits your needs, and the physical therapist may be able to supervise you as you begin to implement your exercise program. If you feel a little unsteady, ask your physical therapist or occupational therapist to help you find adaptive tools such as a cane or walker to provide support. If you have companions, family members, or neighbors who are willing to help you achieve your goals, ask them if they will accompany you on your walk. If you've had to give up your exercise program because of your symptoms of CD, perhaps you can find new ways of exercising.



By setting small, realistic, and attainable goals and then achieving your goals, you will gain confidence that you are capable of making change. And remember that it takes time to make changes. You can't go from sedentary to elite runner in six months, even if you don't have CD. Be patient with yourself. Keep in mind that when you are faced with a chronic illness like CD, your dreams don't have to change, but you will likely have to go about realizing your dreams in different ways.

## *Care Notebook*

A *Care Notebook* serves as a central place to organize all of your healthcare information. Using a *Care Notebook* will make it easier for you to find and share important information with people who are part of your healthcare team. You can use your *Care Notebook* to

- Prepare for appointments
- Keep track of changes in your medications or treatments
- File lab or x-ray results or other test reports
- List contact information for key people on your healthcare team
- Compile information that you download from Internet searches, brochures, and other sources of information and support
- Record your immunizations
- Note any allergies or adverse reactions to medications or foods
- Share information with family members and all members of your healthcare team

The following tips may make it easier for you to create and use your new *Care Notebook*

- Most people find it easiest to use a three-ring binder to create their *Care Notebooks*. You may also want to buy a three-hole punch that slips into the rings of the binder. By keeping the punch handy, you can avoid the hassle of dealing with loose material. When you receive a report or other information, simply punch the holes on the spot and slip the new material into the notebook. Other people prefer to store their material in an accordion file, so use whatever method works best for you.
- Use dividers to separate the material in your *Care Notebook*. You can create the dividers in any way that is helpful to you. You may wish to include a few plastic sheets to insert information that can't be punched.
- When you first put together your *Care Notebook*, you will likely want to spend some time creating a medical history. Make note of any operations or hospitalizations as well as other helpful information on your current medical conditions.
- Include blank pages in a special section of your notebook for questions where you can jot down questions for upcoming appointments. Make sure to leave space so that you or your advocate can write down the doctor's responses to those questions.
- Keep your *Care Notebook* in an easily accessible spot. Make sure that a family member or other caregiver can locate your Notebook in an emergency and knows to bring it to the clinic or hospital
- Bring your *Care Notebook* to all medical appointments.

You will want to create a *Care Notebook* that is specific to you and your medical conditions. Insert the pages that are most important to you. Here is a list of our suggestions for pages to start you off.

- Contact information for
  - You and other family members
  - Caregivers
  - Emergency contacts

- Hospital
- Healthcare providers
- Therapists
- Pharmacy
- Insurance company or even a copy of your insurance card
- Special transportation
- Equipment providers
  
- Diary pages to track
  - Medication effects
  - Sleep
  - Activities
  
- An appointment log that includes
  - Who the appointment is with
  - The reason for the appointment
  - The results of the appointment
  - Any follow-up action that you need to take
  
- A medication log that includes
  - Name of the medication, including any brand or generic names
  - Date the medication was first prescribed
  - Who prescribed the medication
  - The dose
  - How often or when you take it
  - The way you take it
  - With or without food
  - By mouth, injected, or some other route
  - Date the medication was stopped and why
  
- Highlight pages for
  - Treatment results
  - Hospitalizations
  - Questions for upcoming appointments
  - Test results
  - Calendar

**Table—Healthcare Professionals and Their Role on the Multidisciplinary CD Team**

Healthcare Professional	Role
<b>Nurses</b>	Provide information about CD, including information about the symptoms of CD, managing day-to-day issues, clarifying your treatment regimen, what to expect as the disease progresses, and how to find and participate in research studies.
<b>Occupational therapists</b>	Assess you and your environment, recommend the use of adaptive or assistive devices, and support you in maintaining independent living.
<b>Physical therapists</b>	Evaluate your balance and strength, recommend the use of adaptive or assistive devices, provide and supervise exercise plans, and assist you in maintaining strength, agility, and balance.
<b>Physicians and Advance Practice Nurses</b>	Manage your symptoms of CD through medication, injection therapy, or surgery.
<b>Psychologists</b>	Provide support and counseling for you and your caregivers, including information regarding living with a chronic degenerative disease and coping or adjustment strategies
<b>Social workers</b>	Supply information regarding financial assistance and nursing home placement, recommend networks for social support, and provide counseling for you and your caregivers.

## The Path to Competent Self-Management of Health

Stage	Definition
1	I am a passive recipient of care—I don't yet feel ready to play an active role in my own health.
2	I don't yet have the basic facts about CD or I don't feel at all confident that I can manage everything.
3	I have the key facts that I need to understand CD and my health and am beginning to take action, but I'm not yet fully confident about my ability to make changes or adopt new behaviors.
4	I have adopted new behaviors but I may have trouble maintaining these behaviors when I'm faced with stressful situations or health crises.

## Core Competencies in Managing Cervical Dystonia

- Knowledge of Cervical Dystonia

- Understand the signs and symptoms of cervical dystonia
- Know which symptoms should trigger a call to my doctor
- Know what actions precipitate a worsening of my symptoms

- Treatments

- Understand the reasons why my doctor has prescribed each of the medications I'm taking or treatments I'm receiving
- Know the side effects of the medications or treatments and when to call the doctor about side effects
- Take each of my medications in the right amount, at the right time, and in the right way
- Be aware of and obtain complementary and alternative treatments as decided in conjunction with my doctor

- Management of Health Care

- Have a *Care Notebook* to organize my medical information
- Know when I should schedule my next appointment with the doctor
- Be aware of the results of my laboratory or imaging studies

- Lifestyle factors

- Exercise regularly to the extent possible
- Practice good sleep hygiene
- Eat a healthy diet
- Refrain from excessive alcohol or caffeine consumption
- Stop smoking if I currently smoke

## Patient Activation Measure™

Please read each statement below and then fill in the circle that matches the answer that best fits how you feel.

Statement	Response			
	Strongly disagree	Disagree	Agree	Strongly agree
When all is said and done, I am the person who is responsible for managing my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking an active role in my own health care is the most important thing that affects my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can help prevent or reduce problems associated with my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what each of my prescribed medications do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can tell a doctor my concerns, even when he or she does not ask.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can follow through on medical treatments I may need to do at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand my health problems and what causes them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what treatments are available for my health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to prevent problems with my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I can figure out solutions when new situations or problems arise with my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can maintain lifestyle changes, like eating right and exercise, even during times of stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## *Goal-setting Chart*

<b>My goal</b>	<b>My reasons for setting this goal</b>	<b>Barriers to achieving this goal</b>	<b>Solutions for overcoming the barriers</b>	<b>Date I plan to implement this goal</b>

## Example of a Completed Goal-setting Chart

My goal	Reasons for setting this goal	Barriers to achieving this goal	Solutions for overcoming the barriers	Date I plan to implement this goal
Begin an exercise program	I want to have more energy and feel better about myself. My doctor told me that exercise might help me to deal with my symptoms of cervical dystonia.	I don't have anyone to walk with me. I'm afraid I'll fall. I'm too tired.	Join an exercise group. Cut back on TV and go to bed earlier at night.	June 17, 2009
Learn more about cervical dystonia	My doctor told me last month that I have CD. I was thrown for such a loop, that I've just buried my head in the sand.	I really don't want to deal with this. It seems so overwhelming. I don't where to turn for accurate up-to-date information on cervical dystonia. I don't want to burden my family with the diagnosis.	Recognize that what I'm feeling is perfectly normal. Find a support group in town and go to a meeting. Log on to wemove.org and read the information on cervical dystonia. Join the online discussion forum and ask other people to help me. Dig up the literature that my doctor gave me and read it. Share it with my family members.	June 8, 2009
Take my medication on time	My doctor told me that it's important to take my medicine the same way and at the same time every day so that I can keep a constant level in my bloodstream and	I take several different medications throughout the day. Sometimes I forget if I've taken the next dose. My memory just doesn't seem to be as good as it used to be. The schedule just	Ask my doctor if there is a medicine that I can take that combines two or more of my medications. Use a pillbox. Ask my daughter when she comes on Sundays if she can	During my next doctor's visit and next Sunday when Julie comes over.

avoid the peaks  
and valleys.

seems so complicated.

help me to set up the  
box for the week.

Ask my doctor if  
there are any  
sustained-release  
forms of my  
medicines that I  
can take less often.

Set up automatic  
refills at my  
pharmacy so that I  
don't run out of  
any of my  
medicines.

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