

Supporting Self Management

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START WITH EDUCATION

- ⇒ Patient education is key to implementing self-management
- ⇒ Handouts and conversations about the condition improve patient knowledge and self efficacy
- ⇒ Here are some links to patient handout resources:

Resource Name	Organization	Website
AFP Patient Handouts	American Family Physi-	www.aafp.org/afp/handouts/
Patient Education Materials	VA Center for Integrated	www.mirecc.va.gov/cih-visn2/
Health and Wellness Handouts	Memorial Behavioral Health	www.memorialbehavioralhealth.org/Health-and-Wellness/Health-and-Wellness-Apps
Brochures and Fact Sheets	NIH National Institute of	www.nlm.nih.gov/health/publications/
Patient Education Resources	Up to Date	www.uptodate.com/contents/table-of-contents/patient-education

At-Home Monitoring

- ⇒ Monitoring can occur in anyway the patient likes (paper, app, etc), but should occur for at least three weeks in order to gain the most information!
- ⇒ Design monitoring to help patient understand more details about the behavior—not just “did you smoke,” but “where were you when you smoked?”
- ⇒ Here’s some links to health behavior apps...(also see page handouts for VA-based apps)

Resource Name	Organization	Website
Health and Wellness Apps	Memorial Behavioral health	www.memorialbehavioralhealth.org/Health-and-Wellness/Health-and-Wellness-Apps
30 Widely Used Health and Fitness Apps	Health Data Management	https://www.healthdatamanagement.com/list/30-widely-used-consumer-health-and-fitness-apps

Sample Self-Monitoring Handout: Smoking

Time I Smoked	Where I was	Who I was With	Craving Before (1-5)	Mood Before
_____(am/pm)				<input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
_____(am/pm)				<input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
_____(am/pm)				<input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
_____(am/pm)				<input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
_____(am/pm)				<input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
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_____(am/pm)				<input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Happy <input type="checkbox"/> Anxious <input type="checkbox"/> Flat <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____

Other Questions to Consider

- Were you using any substances?
- What were you thinking?
- What had you been doing 10 minutes before?
- Did you notice any triggers?
- Did anyone offer you a cigarette?
- How did you feel while smoking?

