



Lupus support assessment tool

Use this handout to assess the needs of a client with suspected or diagnosed lupus. Ask them the following questions.

Have you been diagnosed with lupus by a medical provider?

• If client answers **no**, continue to Part A.

• If client answers **yes**, continue to Part B.

Part A: Client who has not been diagnosed with lupus

	Yes	No
1. Are or have you ever experienced any of the common lupus symptoms? If client answers no, discontinue the assessment.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you taking any medications to manage your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a primary care provider you see for regular care?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a treatment plan to manage your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you know the rights you have regarding your medical care?	<input type="checkbox"/>	<input type="checkbox"/>

If client responds "Yes" to questions 1 or 2 encourage the client to make a list of their symptoms including frequency, triggers, and medications.

If client responds "No" to questions 3 to 6, provide information to a local healthcare provider including contact information to reach the provider and information about health insurance, payment options and /or patient rights. Additionally, address any barriers that may prevent the client from receiving care.

Part B: Client who has been diagnosed with lupus

	Yes	No
1. Are you taking any medications to manage your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a primary care provider you see for regular care?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a rheumatologist that you see regularly?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a treatment plan to manage your symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of the rights you have regarding your health care?	<input type="checkbox"/>	<input type="checkbox"/>

Ask all clients from Part A and Part B

Ask client to rate each question on a scale of 1 to 5

	Circle one				
	1=never	2	3	4	5=all the time
7. Do you receive support from an organization or social support group?	1	2	3	4	5
8. Do you receive support from your family and friends?	1	2	3	4	5
9. Do you have coping skills to help manage your feelings and symptoms?	1	2	3	4	5

If a client rates questions 7 to 9 between 1 and 3, provide information to a local healthcare provider including contact information to reach the provider and information about health insurance or payment options. Additionally, address any barriers that may prevent the client from receiving care.

Questions 7 to 8 - If client rates to at least one question between 1 and 3, provide information and support on local resources, how to communicate with family and friends, and identifying coping skills.