SELF-CARE ASSESSMENT (YOUTH/YOUNG ADULTS)

YOUNG ADULTS WITH NEUROLOGIC DISORDERS

Instructions: This document should be completed by youth and young adults (aged 14-25 years old). However, if the youth/young adult is unable to complete this document, his/her parent or caregiver should fill out "Self-Care Assessment (Parents/Caregiver)".

Intent: This document will help us to learn:

- 1. What you already know about your health
- 2. What you already know about using health care
- 3. What areas that you think you want or need to learn more about

If you need help filling out the form, please let us know.

Today's Date	e:									
Patient Name:			Date o	Date of Birth:			Primary Diagnosis:			
Caregiver Name:			Relatio	Relationship to Patient:			Are you the main caregiver? (yes/no)			
LEGAL CH	OICES FO	R MAKIN	IG HEALT	H CARE [DECISION	IS				
☐ I can mak	ke my own	health care	choices.							
☐ I need some help with making health care choices. Name: Consent:										
☐ I have a legal guardian. Name:										
\square I need a referral to community services for legal help with health care decisions and guardianship.										
PERSONAL CARE										
☐ I care for all my needs.										
\square I care for my own needs with help.										
☐ I am unable to provide self-care, but can tell others my needs.										
☐ I require total personal care assistance.										
SELF-CARE IMPORTANCE										
On a scale of 0 to 10, please pick the number that best describes how you feel right now.										
How important is it for you to take care of your own health care?										
0 (not	1	2	3	4	5	6	7	8	9	10 (very
important)										important)
How confid	ent do vou	feel about	vour ability	v to take ca	are of your	own health	care?			
0	1	2	3	4	5	6	7	8	9	10
(not confident)										(very confident)
TOOL DEVELO	DED BY THE	CHILD NEUD	OLOGY FOLL		C DADI OF TI	IF A CD HVC	DEDIATRIC I		ADE TO A NEITI	

MY HEALTH

Please check the box that applies to you right now.

	Yes, I know this	I need to still learn this	Someone needs to do this who?
I know what medical conditions I have			
I know what my medications are for			
I know what to do if I have a medical emergency.			
I take my medicines without someone reminding me.			
I know what medicines I should not take.			
I know what I am allergic to.			
I can name at least 2 people who can help with my health goals.			
I can explain to people how my beliefs affect my care choices.			

USING HEALTH CARE

Please check the box that applies to you right now.

	Yes, I know this	I need to still learn this	Someone needs to do this who?
I know or I can find my doctor's phone number.			
I can make my own doctor appointments.			
Before a visit, I think about questions to ask.			
I have a way to get to my doctor's office.			
I know I should show up 15 minutes before my visit to check in.			
I know where to go or call when my doctor's office is closed.			
I can provide my medical information to healthcare staff (including a summary of my medial history and emergency care plan).			
I have a copy of my plan of care.			
I know how to fill out medical forms.			
I know how to ask to be seen by another doctor or therapist.			
I know where my pharmacy is and what to do if I run out of my medicines.			
I know where to get a blood test or x-rays if the doctor orders them.			
I carry my health information with me every day (e.g. insurance card, allergies, medications, and emergency phone numbers).			
I have a plan so I can keep my health insurance after 18 or older.			

OTHER COMMENTS