

FORM A – FOR CAREGIVERS OF YOUTH WHO WILL SELF-MANAGE HEALTH CARE

Please fill out this form completely to help us see what your youth already knows about their health and how to use health care **today**. If you think an item does not apply to your youth, check “This does not apply to their health care.” If you have any questions, please ask your youth’s Clinical Care Coordinator.

Your youth should also fill out the Youth and Young Adult version of this Transition Readiness assessment.

Date: _____ Youth’s Name: _____ Date of Birth: _____

Caregiver’s Name: _____ Are you the main/full-time caregiver? Yes No

- 1. My youth is over 18 and independently manages all of their health care needs.
- 2. My youth is over 18 and does not want anyone to fill out a Parent/Caregiver Transition Readiness Assessment about their skills.

Help Needed Filling Out Their Form

- 3. My youth can fill out their form without help.
- 4. My youth can fill out their form with some help. (Name of helper: _____ Type of help: _____)
- 5. My youth is unable to fill out their form due to intellectual or developmental disability. Parent or caregiver, please stop filling out this youth assessment now and instead complete **Parent/Caregiver Transition Readiness Assessment “B.”**

Legal Choices for Making Health Care Decisions After Age 18

- 6. My youth can make their own health care choices.
- 7. My youth needs some help with making health care choices. (Helper Name: _____ Relationship: _____)
- 8. My youth has a legal guardian. (Name: _____)
- 9. We need a referral to community services for legal help with health care decisions and guardianship.

Transition and Self-Care Importance and Confidence

On a scale of 0 to 10, circle the number that best describes how you feel right now. 0 is not at all important or confident and 10 is very important or confident.

10. How important is it for your youth to take care of their own health care?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
11. How important is it for your youth to change to an adult primary care provider before age 22?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
12. How confident do you feel about your youth’s ability to manage their own health care?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
13. How confident do you feel about your youth’s ability to change to an adult primary care provider before age 22?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

Your Youth’s Health *Please check the box that applies right now. Circle any item that you want to learn more about.*

Managing Health Issues	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
14. My youth knows how to manage all of their medical needs.	<input type="checkbox"/>					
15. My youth can tell others what all of their medical needs are.	<input type="checkbox"/>					
16. My youth knows when to call the doctor for new or worsening health problems.	<input type="checkbox"/>					
17. My youth knows what to do if they have a medical emergency.	<input type="checkbox"/>					
Managing Medications	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
18. My youth can list all the medications they take and their dosages.	<input type="checkbox"/>					
19. My youth can tell others the reason they take each medication.	<input type="checkbox"/>					
20. My youth takes all of their medications correctly without someone reminding them.	<input type="checkbox"/>					
21. My youth knows all the medications they are allergic to and those they should not take for any other reason.	<input type="checkbox"/>					
22. My youth gets all of their prescriptions filled on their own when they need to be filled.	<input type="checkbox"/>					

FORM A – FOR CAREGIVERS OF YOUTH WHO WILL SELF-MANAGE HEALTH CARE

Your Youth's Health Care *Please check the box that applies.*

Managing Appointments	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
23. My youth schedules all of their own medical appointments.	<input type="checkbox"/>					
24. My youth keeps track of all of their own doctor's appointments, including follow-ups and referrals for diagnostic testing.	<input type="checkbox"/>					
25. My youth knows how often they should see each of their providers	<input type="checkbox"/>					
26. My youth knows how to arrange transportation to all of their medical appointments.	<input type="checkbox"/>					
Managing Equipment and Supplies	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
27. My youth can order all of their medical supplies.	<input type="checkbox"/>					
28. My youth knows all of the medical equipment they need, such as a nebulizer or feeding pump.	<input type="checkbox"/>					
29. My youth knows all of the assistive devices they need, such as mobility or communication aids.	<input type="checkbox"/>					
30. My youth has back-up plans if medical equipment breaks down.	<input type="checkbox"/>					
Managing Provider Relationships	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
31. My youth knows all of their doctors and other providers.	<input type="checkbox"/>					
32. My youth knows how to reach each of their doctors in between appointments.	<input type="checkbox"/>					
33. My youth knows how to choose providers willing to accommodate their needs and preferences, such as for gender, language or cultural beliefs.	<input type="checkbox"/>					
34. My youth is comfortable seeing their doctor all by themselves.	<input type="checkbox"/>					
35. Before a visit, my youth always makes a list of all of the things they want to discuss about their health.	<input type="checkbox"/>					
36. My youth is comfortable asking the doctor any question about their medical care.	<input type="checkbox"/>					
37. My youth always makes a plan with their doctor to care for all of their health needs.	<input type="checkbox"/>					
Managing Important Paperwork	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
38. My youth carries all of their important health information with them at all times, including their insurance card, list of allergies and medications, medical summary and emergency contact numbers.	<input type="checkbox"/>					
39. My youth can completely fill out medical history forms by themselves.	<input type="checkbox"/>					
40. My youth understands how the legal changes in health care privacy and consent that happen when they turn 18 affects them.	<input type="checkbox"/>					
41. My youth and family have discussed my youth's ability to make all of their own health care decisions at age 18.	<input type="checkbox"/>					
42. My youth has a plan so they can keep their health insurance and disability benefits after they turn 18.	<input type="checkbox"/>					

One last thing - please choose the top 3 issues you want to work on first, and number them in order of importance.

THANK YOU!

Clinical Care Coordinator Name: _____ Date: _____