

FORM B – FOR CAREGIVERS OF YOUTH UNABLE TO SELF-MANAGE HEALTH CARE

Please fill out this form completely even if your youth is not able to fill out the Youth and Young Adult Transition Readiness Assessment due to Intellectual or Developmental Disability. We want to know what **YOU NEED TODAY** to help your youth make the transition from pediatric to adult medical care. 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.

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

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

5. My youth is unable to fill out the youth version of this form due to intellectual and/or developmental disability. They will need assistance to manage their health and health care.

Legal Choices for Making Health Care Decisions After Age 18

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 you to have your youth help 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 you to have your youth 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 ability to manage your youth’s health care?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
13. How confident do you feel about your ability to help your youth 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 to you right now. Circle any items 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. I know how to manage all of my youth’s medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I can tell others what all of my youth’s medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I know when to call the doctor if my youth has new or worsening health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I know what to do if my youth has a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Medications	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to their health care
18. I can list all the medications my youth takes and their dosages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can tell others the reason my youth takes each medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I make sure that my youth is given all of their medications correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I know all the medications my youth is allergic to and those they should not take for any other reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I am able to get all of my youth’s prescriptions filled when they need to be filled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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