



*Self-Care Assessment*  
for **Young Adults**

Please fill out this form to help us see what you already know about your health and using health care and

Date:

Name:

Date of Birth

**Legal Choices for Making Health Care Decisions**

- I can make my own health care choices.
- I have a legal guardian. Name : \_\_\_\_\_
- I 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, please circle the number that best describes how you feel right now.*

How important is it to you to take care of your own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
---------	---	---	---	---	---	---	---	---	---	-----------

How confident do you feel about your ability to take care of your own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
---------	---	---	---	---	---	---	---	---	---	-----------

**Health** *Please check the box that applies to you right now.*

*Yes / I know this      I need to learn      I need someone to do this for me      This doesn't apply to me*

I can explain my disease to friends and family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand my treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the medications I take and what they are used for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my possible side effects for my medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I refill my own medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take my medications on my own without being reminded to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I need to take injectable medications, I can do this on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I need to have joint injections, I can do them without sedation/being put to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how health care privacy changes when I am 18 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Sample Self-Care Assessment for Young Adults

Using Health Care <i>Please check the box that applies to you right now.</i>	<i>Yes / I know this</i>	<i>I need to learn</i>	<i>I need someone to do this for me</i>	<i>This doesn't apply to me</i>
I make my own medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to contact my rheumatology provider's office, including after hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do if I have a medical emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, I think about questions to ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know I should show up 15 minutes before the appointment to check in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and what to do if I run out of my medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get myself to my medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what type of health insurance I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to contact patient support organizations for my disease in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Topics I Would Like to Discuss:**