

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 areas that you need to learn more about. If you need help completing this form, please let us know.

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)
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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)
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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

AMERICAN COLLEGE of RHEUMATOLOGY

Empowering Rheumatology Professionals

Using Health Care *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 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: