|  |  |
| --- | --- |
| 1. | I can name and describe my health condition(s) and explain my health care needs. |[ ] [ ] [ ] [ ] [ ]
| 2. | I can name my medications and treatments, and what they are for. |[ ] [ ] [ ] [ ] [ ]
| 3. | I can name my allergies and know how they may impact my condition(s). |[ ] [ ] [ ] [ ] [ ]
| 4. | I know the doses and the side effects to watch for from my medications and treatments.  |[ ] [ ] [ ] [ ] [ ]
| 5. | I prepare and take my medications and/or treatments on my own. |[ ] [ ] [ ] [ ] [ ]
| 6. | I call in my own prescription refills. | [ ]  |[ ] [ ] [ ] [ ]
| 7. | I take care of my own medical equipment and supplies. | [ ]  |[ ] [ ] [ ] [ ]
| 8. | I organize and keep track of my own health information (i.e. appointments and test results). |[ ] [ ] [ ] [ ] [ ]
| 9. | I carry my important health information with me every day. |[ ] [ ] [ ] [ ] [ ]
| 10. | I know the names of my doctors and therapists.  |[ ] [ ] [ ] [ ] [ ]
| 11. | I call to book my own healthcare appointments. |[ ] [ ] [ ] [ ] [ ]
| 12. | I spend time alone with my healthcare provider at each visit. |[ ] [ ] [ ] [ ] [ ]
| 13. | I make a list of questions I want to ask before each doctor’s appointment. |[ ] [ ] [ ] [ ] [ ]
| 14. | I know what I have for health insurance and carry my health insurance card(s) to appointments. |[ ] [ ] [ ] [ ] [ ]
| 15. | I feel ready to make decisions about my own health. I understand I will be the primary decision maker in adult based care. |[ ] [ ] [ ] [ ] [ ]
| 16. | If I get sick, I know how to get the help that I need. |[ ] [ ] [ ] [ ] [ ]
| 17. | I know what impact my condition(s) may have on my life in the future. |[ ] [ ] [ ] [ ] [ ]

|  |
| --- |
| Notes:Click here to enter text. |



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Status

Print Name: Click here to enter text.