

Self-Care Assessment

PARENTS / CAREGIVERS

Young Adults with Neurologic Disorders

Instructions

This document should be completed by the parents and/or caregivers of the youth/young adult with a neurologic condition. If possible, the youth/young adult should also complete the “Self-Care Assessment (Youth/Young Adult)” form.

Intent

This document will help us see what your youth/young adult already knows about their health; and will help us find areas that you think they (or you) need to know more about. **If you need help filling out the form, please let us know.**

Today's Date: _____

Patient Name: _____ **Date of Birth:** _____ **Primary Diagnosis:** _____

Caregiver Name: _____ **Relationship to Patient:** _____ **Are you the main caregiver?** Y I N

Decision-Making / Guardianship

- My young adult can make their own health care choices.
- My young adult needs some help with making health care choices. Name: _____ Consent: _____
- My young adult has a legal guardian. Name: _____
- My young adult/I need a referral to community services for legal help with health care decisions and guardianship.

Personal Care

- My young adult can care for all their needs.
- My young adult can care for their own needs with help.
- My young adult is unable to care for themselves, but can tell others their needs.
- My young adult requires help for all their needs.

Transition and Self-Care Importance

On a scale of 0 to 10, please pick the number that best describes how you feel right now.

How **important** is it for your youth/young adult to take care of their own health care?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 (not important)	1	2	3	4	5	6	7	8	9	10 (very important)

How **confident** do you feel about your youth/young adult's ability to take care of their own health care?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 (not confident)	1	2	3	4	5	6	7	8	9	10 (very confident)

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Understanding Young Adult's Health

Please check the box that applies to you right now.

Check if none of the options below apply (for example, totally dependent care)

	Yes, they know this	They need to still learn this	I need to learn this
My young adult knows their medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult can tell other people what their medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows what to do if they have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult has an emergency care plan documented.			
My young adult knows the medicines they take and what they are for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult can take their medicine by themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult can take their medicine without a reminder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows what they are allergic to, including medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult can name 2-3 people who can help them with their health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Health Care

Please check the box that applies to you right now.

Check if none of the options below apply (for example, totally dependent care)

	Yes, they know this	They need to still learn this	I need to learn this
My young adult knows or can find their doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult makes their own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, my young adult thinks about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult has a way to get to their doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows they should show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows where to get care when their doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult has a folder at home with their medical information, including medical summary and emergency care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult has a copy of their plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows how to ask for a form to be seen by other another doctor/therapist (i.e., referral).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult knows where their pharmacy is and what to do if they run out of medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Using Health Care (continued)

	Yes, they know this	They need to still learn this	I need to learn this
My young adult knows where to get a blood test or x-rays if the doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult carries health information with them every day (e.g., insurance card, allergies, medications, and emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My young adult has a plan so they can keep their health insurance after 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include here any other concerns or thoughts you wish to share with your health care team regarding the health of your young adult: