

Self-Care Assessment for Parents/Caregivers of Young Adults with Intellectual/Developmental Disabilities

Caregivers of young adults (ages 18-25 years old) should complete this form to assess their young adult's ability to care for their own health. If a young adult's intellectual or developmental disabilities do not prevent him or her from independently filling out this form, they should complete the young adult version of this form instead.

Please fill out this form to help us see what your young adult already knows about their health and the areas that you think they/you need to learn more about. If you need help completing this form, please let us know.

Date: _____ Young Adult's Name: _____ Date of Birth: _____

Caregiver Name: _____ Are you the main full-time caregiver: Yes No

Decision-Making/Guardianship

- My young adult can make his/her own healthcare choices.
- My young adult needs some help with making healthcare 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 healthcare decisions and guardianship.

Personal Care

- My young adult can care for all his/her needs.
- My young adult can care for his/her own needs with help.
- My young adult is unable to care for himself/herself but can tell others his/her needs.
- My young adult requires help for all his/her needs.

TRANSITION AND SELF-CARE IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

How important is it for your young adult to take care of his/her own health care?

not — 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 —> very

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

not — 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 —> very

UNDERSTANDING YOUNG ADULT'S HEALTH *Please check the box that best applies right now.*

Yes, he/she knows this.

He/she needs to learn.

I need to learn.

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| My young adult knows his/her medical needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult can tell other people what his/her medical needs are. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult knows what to do if he/she has a medical emergency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult knows the medicines he/she takes and what they are for. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult can take his/her medicine by himself/herself without a reminder. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult knows what medicines he/she should not take. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult knows what he/she is allergic to, including medicines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult can name two to three people who can help him/her with his/her health goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult can explain to people how his/her beliefs affect his/her care choices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child knows that when they turn 18, they have full privacy in their health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

USING HEALTH CARE *Please check the box that best applies right now.*

Yes, he/she knows this.

He/she needs to learn.

I need to learn.

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| My young adult knows or can find his/her doctor's phone number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult makes his/her 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 his/her doctor's office. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult knows he/she 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 his/her doctor's office is closed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult has a folder at home with his/her 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 his/her 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 another doctor/therapist. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My young adult knows where his/her pharmacy is and what to do when he/she runs out of his/her medicines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 him/her 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 he/she can keep his/her health insurance after age 18 or older. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We're here to help.

To learn more about the Division of Specialized Care for Children's programs and services, check out our website at: dsc.c.uic.edu



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