

Date _____

Patient Name _____

Medical Record #: _____

DOB: _____

Health Care Skills Checklist

Note: This health care checklist can be used to set goals for achieving independence in managing your own health.

| Skill | Plan to Start | Needs Practice | Performs Partially | Performs Independently | Comments |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Describes chronic illness or disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Understands implications of chronic illness/disability on daily life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Accesses medical records and health information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prepares and asks questions to doctors, nurses, therapists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows medications and what they're for, or carries information in wallet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is responsible for taking own medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is responsible for doing own treatments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gets a prescription filled/refilled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calls to schedule own medical/dental appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Keeps a calendar of medical appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows how to access transportation to medical office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows height/weight, birthdate, or carries information in wallet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows how to use and read thermometer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Skill | Plan to Start | Needs Practice | Performs Partially | Performs Independently | Comments |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Knows health emergency phone numbers, or carries information in wallet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows about medical insurance coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Obtains sex education materials/birth control/family planning information as needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Discusses role of general health maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has considered genetic counseling if appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows about how drugs/alcohol affect illness/disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Makes contact with appropriate community advocacy organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Girls Only: Takes care of own menstrual needs and keeps a record of monthly periods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has considered the need for a health advocate, if needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has identified a physician for adult care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Knows how to hire and manage a personal care attendant, if needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has considered need for healthcare proxy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has considered need for guardian ad litem if indicated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Adapted from PACER Center, 4826 Chicago Avenue South, Minneapolis, MN 55417; (612) 827-2966

Developed by Children's Hospital, Boston, as part of the Massachusetts Initiative for Youth with Disabilities (MIYD), a Healthy and Ready to Work project of the Massachusetts Department of Public Health. MIYD is supported in part by project # H01MC00006 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

