AMERICAN COLLEGE of RHEUMATOLOGY
Empowering Rheumatology Professionals

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)

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)

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	☐	☐	☐	☐
I understand my treatment plan	☐	☐	☐	☐
I know the medications I take and what they are used for	☐	☐	☐	☐
I know my possible side effects for my medications	☐	☐	☐	☐
I refill my own medications	☐	☐	☐	☐
I take my medications on my own without being reminded to do so	☐	☐	☐	☐
If I need to take injectable medications, I can do this on my own	☐	☐	☐	☐
If I need to have joint injections, I can do them without sedation/being put to sleep	☐	☐	☐	☐
I understand how health care privacy changes when I am 18 years or older	☐	☐	☐	☐

Sample Self-Care Assessment for Young Adults

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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	☐	☐	☐	☐
I know how to contact my rheumatology provider's office, including after hours	☐	☐	☐	☐
I know what to do if I have a medical emergency	☐	☐	☐	☐
Before a visit, I think about questions to ask	☐	☐	☐	☐
I know I should show up 15 minutes before the appointment to check in	☐	☐	☐	☐
I know where my pharmacy is and what to do if I run out of my medications	☐	☐	☐	☐
I have a way to get myself to my medical appointments	☐	☐	☐	☐
I know what type of health insurance I have	☐	☐	☐	☐
I know how to contact patient support organizations for my disease in my community	☐	☐	☐	☐

Other Topics I Would Like to Discuss: