Patient Name: _____Date _____ Person Completing Survey: _____

JaxHATS Evaluation Tool - CLIENT

Direction: The JaxHATS Program would like to know how you describe your skills in the areas that are important in your care. Your answers will help us provide services and education that will be important in preparing you to transition to adult health care. There are no right or wrong answers and your answers will remain confidential and private. Please check the box that you feel best describes you.

	I do not need to do this	I do not know how but I want to learn	I am learning to do this	I have started doing this	I always do this when I need to
TO ACCESS MEDICAL CARE, DO YOU …					
1. Call the doctor's office (Ex. Pediatrician, Family doctor or Specialty care doctor) to make an appointment?	☐	☐	☐	☐	☐
2. Follow-up on any referral for tests or check-ups or labs?	☐	☐	☐	☐	☐
3. Arrange for your ride to medical appointments?	☐	☐	☐	☐	☐
4. Keep a calendar or list of medical and other appointments?	☐	☐	☐	☐	☐
5. Call the doctor to tell him/her about unusual changes in your health(Ex. Allergic reactions)?	☐	☐	☐	☐	☐
TO KEEP A MEDICAL HISTORY, DO YOU …					
6. Fill the medical history formincluding list of your allergies?	☐	☐	☐	☐	☐
7. Keep a health notebook ora medical diary?	☐	☐	☐	☐	☐
TO COMMUN ICATE WITH YOUR DOCTOR , NURSE OR CLIN IC STAFF, DO YOU …					
8. Tell the doctor or nurse what you are feeling?	☐	☐	☐	☐	☐
9. Answer questions that are asked by the doctor, nurse or clinic staff?	☐	☐	☐	☐	☐
10. Ask questions of the doctor, nurse or clinic staff(Ex. What medications or treatments are best for you)?	☐	☐	☐	☐	☐
11. Make a list of questions before the doctor's visit?	☐	☐	☐	☐	☐

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TO HANDLE OR MANAGE MEDICATIONS, DO YOU …					
12. Fill a prescription if you need to?	☐	☐	☐	☐	☐
13. Know the side effects or bad reactions of each medication & what to do if you are having a bad reaction?	☐	☐	☐	☐	☐
14. Pay or arrange payments for your medications?	☐	☐	☐	☐	☐
15. Take medications correctly and on your own?	☐	☐	☐	☐	☐
16. Reorder medications before they run out?	☐	☐	☐	☐	☐
TO MANAGE MEDICAL EQUIPMENT & SUPPLIES, DO YOU …					
17. Use and take care of medical equipment and supplies?	☐	☐	☐	☐	☐
18. Call the suppliers when there is a problem with the equipment?	☐	☐	☐	☐	☐
19. Order medical equipment before they run-out?	☐	☐	☐	☐	☐
20. Arrange payment for the medical equipment and supplies?	☐	☐	☐	☐	☐
TO MANAGE HEALTH INSURANCE, DO YOU …					
21. Apply for health insurance if you lose your current coverage?	☐	☐	☐	☐	☐
22. Know what your health insurance covers?	☐	☐	☐	☐	☐
23. Get and/or use SSI or Medicaid coverage if you are qualified?	☐	☐	☐	☐	☐

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TO MANAGE SELF HEALTH CARE, DO YOU …					
24. Do self-care activities to promote health (Ex. exercise, eat healthy, etc…)?	☐	☐	☐	☐	☐
25. Use family planning services (Ex. using birth control pills, condom) to avoid getting pregnant or to avoid HIV/AIDS and STD infections?	☐	☐	☐	☐	☐
26. Stay away from drugs and alcohol because they are bad for your health?	☐	☐	☐	☐	☐
27. Join and participate in social & fun activities outside the home?	☐	☐	☐	☐	☐
TO MANAGE JOB OR SCHOOL, DO YOU …					
28. Use IEP or 504 plan to meet education needs?	☐	☐	☐	☐	☐
29. Request and get the accommodations & support you need at school or work?	☐	☐	☐	☐	☐
30. Apply for a job or work or vocational services?	☐	☐	☐	☐	☐
31. Get financial help with school or work?	☐	☐	☐	☐	☐
TO MANAGE DAILY LIVING ACTIVITIES , DO YOU …					
32. Manage your money and budget household expenses (Ex. use checking or debit card)?	☐	☐	☐	☐	☐
33. Use home appliances (Ex. stove, oven, toaster) and common kitchen tools (Ex. can opener, (knife, measuring cups)?	☐	☐	☐	☐	☐
34. Help plan or prepare meals/food?	☐	☐	☐	☐	☐
35. Keep home/room clean or clean-up after meals?	☐	☐	☐	☐	☐
36. Manage personal appearance and cleanliness (Ex. brushing teeth, bathing, shower etc.)?	☐	☐	☐	☐	☐

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TO MANAGE PERSONAL SAFETY, DO YOU …					
37. Use fire exits and emergency procedures (Ex. use fire extinguisher) if you need to use them?	☐	☐	☐	☐	☐
38. Call community emergency services if you need them (Ex. 911)?	☐	☐	☐	☐	☐
39. Protect self from sexual and physical violence?	☐	☐	☐	☐	☐
TO USE COMMUNITY RESOURCES, DO YOU …					
40. Use public transportation (Ex. JTA, Taxi) if you need to?	☐	☐	☐	☐	☐
41. Use neighborhood stores and services (Ex. Grocery stores and pharmacy stores)?	☐	☐	☐	☐	☐
42. Call on and use community support services (Ex. After school programs, day training/activity) and advocacy services (Ex. Legal services) when you need them?	☐	☐	☐	☐	☐

THANK YOU VERY MUCH.