Patient Name: _____ **Date** _____ **Person Completing Survey:** _____

JaxHATS Evaluation Tool - CAREGIVER

Direction: The JaxHATS Program would like to know how you describe the patient's skills (or the skills of their support network) in the areas that are important for the patient's care. Your answers will help us provide services and education that will be important in preparing the patient 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 your skills as a caregiver.

	Not Needed Now	Don't know how but want to learn	Learning to do this	Have started doing this	Always do this when needed
TO <u>ACCESS MEDICAL CARE</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
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 a 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 the patient's health (Eg. Allergic reactions)?	☐	☐	☐	☐	☐
6. Fill out the medical history form including list of the patient's allergies?	☐	☐	☐	☐	☐
7. Keep a health notebook or a medical diary?	☐	☐	☐	☐	☐
TO <u>COMMUNICATE WITH THE DOCTOR, NURSE OR CLINIC STAFF</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
8. Tell the doctor or nurse what the patient is 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 the patient)?	☐	☐	☐	☐	☐
11. Make a list of questions before the doctor's visit?	☐	☐	☐	☐	☐

	Not Needed Now	Don't know how but want to learn	Learning to do this	Have started doing this	Always do this when needed
TO <u>HANDLE OR MANAGE MEDICATIONS</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
12. Fill a prescription if you need to?	☐	☐	☐	☐	☐
13. Know the side effects or bad reactions of each medication & what to do if the patient is having a bad reaction?	☐	☐	☐	☐	☐
14. Pay or arrange payments for medications?	☐	☐	☐	☐	☐
15. Take medicines correctly?	☐	☐	☐	☐	☐
16. Reorder medications before they run out?	☐	☐	☐	☐	☐
TO <u>MANAGE MEDICAL EQUIPMENT & SUPPLIES</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
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 <u>MANAGE HEALTH INSURANCE</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
21. Apply for health insurance if the patient loses his/her current coverage?	☐	☐	☐	☐	☐
22. Know what the health insurance covers?	☐	☐	☐	☐	☐
23. Get and/or use SSI or Medicaid coverage if the patient qualifies?	☐	☐	☐	☐	☐

	Not Needed Now	Don't know how but want to learn	Learning to do this	Have started doing this	Always do this when needed
TO <u>MANAGE SELF HEALTH CARE</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
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 <u>MANAGE JOB OR SCHOOL</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO) …					
28. Use IEP or 504 plan to meet education needs?	☐	☐	☐	☐	☐
29. Request and get the accommodations & support the patient needs at school or work?	☐	☐	☐	☐	☐
30. Apply for a job or work or vocational services?	☐	☐	☐	☐	☐
31. Get financial help with school or work?	☐	☐	☐	☐	☐
TO <u>MANAGE DAILY LIVING ACTIVITIES</u>, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO)…					
32. Manage the patient's 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.)?	☐	☐	☐	☐	☐

	Not Needed Now	Don't know how but want to learn	Learning to do this	Have started doing this	Always do this when needed
TO MANAGE PERSONAL SAFETY, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO)…					
37. Use fire exits and emergency procedures (Ex. use fire extinguisher) if needed?	☐	☐	☐	☐	☐
38. Call community emergency services if the patient needs them (Ex. 911)?	☐	☐	☐	☐	☐
39. Protect the patient from sexual and physical violence?	☐	☐	☐	☐	☐
TO USE COMMUNITY RESOURCES, DOES THE PATIENT DO THE FOLLOWING (OR HAVE RELIABLE SUPPORTS THAT HELP TO)…					
40. Use public transportation (Ex. JTA, Taxi) if the patient needs 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 the patient needs them?	☐	☐	☐	☐	☐

THANK YOU VERY MUCH.