

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.

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	This does not apply to me
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**I. MANAGING PATIENT HEALTH
TO MANAGE SELF HEALTH CARE, DO YOU ...**

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do self-care activities to promote health (Ex. exercise, eat healthy, etc...)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Use family planning services (Ex. using birth control pills, condom) to avoid getting pregnant or to avoid HIV/AIDS and STD infections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stay away from drugs and alcohol because they are bad for your health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Join and participate in social & fun activities outside the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO HANDLE OR MANAGE MEDICATIONS, DO YOU ...

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Fill a prescription if you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Know the side effects or bad reactions of each medication & what to do if you are having a bad reaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pay or arrange payments for your medications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Take medications correctly and on your own? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Reorder medications before they run out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO MANAGE MEDICAL EQUIPMENT & SUPPLIES, DO YOU ...

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Use and take care of medical equipment and supplies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Call the suppliers when there is a problem with the equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Order medical equipment before they run-out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Arrange payment for the medical equipment and supplies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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II. INTERACTION WITH HEALTH CARE PROVIDERS

TO ACCESS MEDICAL CARE, DO YOU ...

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Call the doctor's office (Ex. Pediatrician, Family doctor or Specialty care doctor) to make an appointment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Follow-up on any referral for tests or check-ups or labs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Arrange for your ride to medical appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Keep a calendar or list of medical and other appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Call the doctor to tell him/her about unusual changes in your health (Ex. Allergic reactions)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO KEEP A MEDICAL HISTORY, DO YOU ...

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| 19. Fill out the medical history form, including a list of your allergies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Keep a health notebook or a medical diary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO COMMUNICATE WITH YOUR DOCTOR, NURSE OR CLINIC STAFF, DO YOU ...

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. Tell the doctor or nurse what you are feeling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Answer questions that are asked by the doctor, nurse or clinic staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Ask questions of the doctor, nurse or clinic staff (Ex. What medications or treatments are best for you)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Make a list of questions before the doctor's visit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO MANAGE HEALTH INSURANCE, DO YOU ...

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 25. Apply for health insurance if you lose your current coverage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Know what your health insurance covers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Get and/or use SSI or Medicaid coverage if you are qualified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**III. OTHER TRANSITION RELATED ACTIVITIES
TO MANAGE JOBS OR SCHOOL, DO YOU....**

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 28. Use IEP or 504 plan to meet education needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Request and get the accommodations & support you need at school or work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Apply for a job or work or vocational services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Get financial help with school or work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO MANAGE DAILY LIVING ACTIVITIES, DO YOU ...

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 32. Manage your money and budget household expenses (Ex. use checking or debit card)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Use home appliances (Ex. stove, oven, toaster) and common kitchen tools (Ex. can opener, (knife, measuring cups)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Help plan or prepare meals/food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Keep home/room clean or clean-up after meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Manage personal appearance and cleanliness (Ex. brushing teeth, bathing, shower etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TO MANAGE PERSONAL SAFETY, DO YOU ...

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 37. Use fire exits and emergency procedures (Ex. use fire extinguisher) if you need to use them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Call community emergency services if you need them (Ex. 911)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Protect self from sexual and physical violence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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TO USE COMMUNITY RESOURCES, DO YOU ...

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 40. Use public transportation (Ex. JTA, Taxi) if you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Use neighborhood stores and services (Ex. Grocery stores and pharmacy stores)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU VERY MUCH.