

Healthcare Management Skills Checklist

This tool can help you track what you are doing now and what you may need to practice. Read each statement below and check the box that best matches you. If you aren't confident that you can currently do the skill, check off that you need more practice and fill in ideas of how you can practice or prepare yourself (steps you can do to improve, name of someone you can go to for more information, etc.).

I. How I Understand my Health Condition	I can do this	I need practice	What can I do to practice/prepare myself?
1. Describe my health condition in my own words.	<input type="checkbox"/>	<input type="checkbox"/>	
II. Managing My Own Health Care	I can do this	I need practice	What can I do to practice/prepare myself?
1. Prepare and ask questions of my doctors and nurses.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Describe how often I need to see my doctor.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Make my own clinic appointment.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Get to my clinic appointments on time and on the right day.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Speak with clinic nurses or doctors on the phone when I need advice.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Carry medical emergency numbers and know how and when to use them.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Name my medicines and keep a list of my medicines in my wallet or purse.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Describe why I take the medicines I do.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Describe and follow the plan for taking my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Name common side effects of my medicines, and other medicines or foods to avoid.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Refill a prescription at the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Describe how to get health insurance for when I am 18-21 years old.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Describe how to find an adult doctor for when I am 18-21 years old.	<input type="checkbox"/>	<input type="checkbox"/>	

III. Managing My Health Condition in Life Situations	I can do this	I need practice	What can I do to practice/prepare myself?
1. Describe how to safely participate in exercise and sports with my health condition	<input type="checkbox"/>	<input type="checkbox"/>	
2. Describe how caffeine, tobacco, alcohol, tattoos, piercings, and recreational drugs affect my health condition.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Describe symptoms I should worry about for my health condition	<input type="checkbox"/>	<input type="checkbox"/>	
4. Describe what to do about symptoms I am worried about	<input type="checkbox"/>	<input type="checkbox"/>	
5. Discuss how and when to tell friends or dates about my health condition.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tell a friend or roommate about warning signs for my health and what to do for me if I need help?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Describe safe sex practices and use them if I am having sex.	<input type="checkbox"/>	<input type="checkbox"/>	
8. What else do you want to learn? (Write your choice here.)	<input type="checkbox"/>	<input type="checkbox"/>	

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