

Health Care Skills

	I do this on my own	I am part way there	I need to learn to do this
KEEPING MYSELF WELL			
I take care of my own personal care (bathing, hair care, getting dressed, other grooming).			
I brush and floss my teeth every day.			
I get at least 8 hours of sleep each night (because lack of enough sleep affects my appetite, weight, mood and energy).			
I eat foods that are healthy for me.			
I eat regular meals and healthy snacks.			
I shop for meals for myself.			
I prepare meals for myself.			
I work to maintain my ideal weight.			
I am active and exercise regularly for good health.			
I join in on community activities with family and friends.			
I avoid risky behaviors – such as illegal drugs, tobacco, alcohol, inhaled substances, un-safe sex.			
I have a plan for what to do if there is a natural disaster – flood, earthquake or other.			
I have a plan to find help and support if I need it.			
MY MEDICAL CARE			
I keep the number telling me who to call in an emergency in my phone or wallet.			
I have a doctor who takes care of me.			
I have decided who will be my physician for adult care.			

	I do this on my own	I am part way there	I need to learn to do this
MY MEDICAL CARE (CONTINUED)			
I am able to get myself to the doctor's office.			
I get regular health check-ups and dental care.			
I call or email to schedule my own medical/dental appointments or talk to my doctor.			
I keep a calendar of my medical appointments			
I carry important information such as my medical insurance number in my wallet or other handy place.			
I keep a list of my allergies and medication reactions.			
I have a medic alert bracelet (or other alert) to inform others of any life-threatening allergies or conditions.			
I get my flu shots and other immunizations.			
I keep a record of my immunizations.			
I prepare and ask questions of my doctors, nurses and other providers.			
I can use a thermometer to take my own temperature.			
I can tell what symptoms need urgent care and where to go for care.			
I can get family planning information and birth control when I need it.			
(For girls) I keep a record of my periods.			
(For girls) I take care of my personal hygiene during my periods.			
(For boys) I can do a testicular self exam.			
I work with my family or on my own to be sure I have medical insurance.			

	I do this on my own	I am part way there	I need to learn to do this
ABOUT MY HEALTH CONDITION OR DISABILITY			
I can find information about my condition/disability online or at the library.			
I can describe my condition/disability to my friends.			
I can tell unfamiliar doctors about my condition/disability.			
I keep an Emergency Health Record up to date.			
I can describe how my condition/disability affects puberty and my sexual functioning.			
I can explain what accommodations I need to be employed and to be an active community member.			
I can list my medications, what they are for, how much and when I take them, or I carry this information in my wallet or on ICE [In Case of Emergency www.icesticker.com]			
I can explain side effects of my medications.			
I take my own medication.			
I fill and pay for my medical prescriptions.			
I take responsibility for doing my own treatments (e.g. urinary catheterization, asthma treatments)			
I can ask for genetic counseling which is available for my condition/disability, if I need it.			
I can connect with advocacy and support organizations for my condition/disability.			

	I do this on my own	I am part way there	I need to learn to do this
I can work with my health advocate (if needed).			
I can determine if I need a personal care attendant.			
I can hire, manage and fire my own personal care attendants (if an attendant is needed).			
I can arrange repairs on my medical equipment, such as my wheelchair.			
PREVENTING COMPLICATIONS OF MY CONDITION/DISABILITY			
I can describe the common complications of my condition/disability and how to help prevent them.			
I have a plan for how to handle stress or find help when I need it.			
I can describe the risks and signs of anxiety and depression and how to find help when I need it.			
I can describe how using non-prescribed drugs or alcohol could affect my condition/disability.			
I can describe the additional problems that underweight or overweight can cause for my condition/disability.			
I access information on sports for individuals with disabilities from organizations such as NCPAD (National Center on Physical Activity in Disability), NSCD (National Sports Center for the Disabled) and Special Olympics.			
I can demonstrate how I would tell 'first responders' in an emergency, such as my local police or fire department, about my special needs, if appropriate (e.g. insulin dependent).			