

TRANSITIONING RESPONSIBLY TO ADULT CARE ON TRAC

YOUTH QUIZ

I AM #ONTRAC

A LIST OF QUESTIONS TO HELP YOUTH LEARN TO MANAGE THEIR HEALTH AND GET READY FOR ADULT CARE

PUT A SYMBOL IN EACH BOX TO COMPLETE THE QUIZ

Voice

100	
	l ask health care providers questions about my health
	I meet with health care providers on my own
	I can describe my health conditions to others
	When my symptoms are getting worse, I contact the clinic for help
	l visit my family physician, at least once a year, for check-ups, referrals, prescription refills, birth control or emotional concerns
	l know what my long-term health problems might be
	l know what patient's rights and confidentiality mean
	l understand the risks and benefits of health care treatments before consenting
	l know who my adult care providers will be, how often to see them and for what

Action

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	l know what I am allergic to (food, medication or other)
	I know the names of my medications and what each is for
	I know the side effects of the medications I take
	I take my medications on my own
	l know how to fill my own medication(s) prescriptions
	l do my own home treatments or therapies
	l get my blood test results on my own
	I know the reasons for my tests
	I have an emergency plan - who to call for what
	l carry emergency information with me - care card, phone numbers and/or medic alert
	l know how to order and use my equipment and/or supplies
	If I have home care, I am talking to my care providers about how these services will change as I get older
	l can make and get to my health care appointments on my own
	I know how to get my medical/health records

connections

My family supports me in managing my health and plans for transition
I talk to my family/ friend(s) about my problems and worries
l participate in clubs, groups, sports or activities outside of school
I keep myself safe by telling someone if I am being bullied in person or online
I talk to others when I am feeling sad, depressed, anxious, hopeless or having difficulty sleeping
I connect with others who have the same health conditions as me
I talk to others about my feelings and concerns about transferring to adult care

Future Planning

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	I have teachers/others I talk to about my school strengths and problems
	l know how my health condition might affect my career choices
	I have a Social Insurance Number (SIN)
	I talk to my family about medical and extended health insurance after high school
	l work for service hours, volunteer and/or have a paid job
	I have ideas about after high school and plans for school and/or work
	l know how to get information about scholarships, bursaries and/or career counselling
	l know how and why to register for College/ University special accommodation
	l know there is planning to do around my health before I go away for school, work or travel

Sexual

 I know how my condition/treatments might affect my physical development
I know where to get information about healthy relationships, sexual orientation, gender identity and birth control
I know how to prevent sexual health risks such as pregnancy and sexually transmitted infections (STIs)
I know how my condition might affect my sexual functioning and ability to produce children
I understand why I might need genetic counselling

Safety

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I participate in physical activities that are safe for me
l make good nutritional choices and am at healthy weight
l know how alcohol, drugs and tobacco affect my medications and health
I know if I have any driving restrictions

MY NOTES & QUESTIONS



TRANSITIONING RESPONSIBLY TO ADULT CARE

