

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 NEEDS WORK

1	foice
	I 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
	I visit my family physician, at least once a year, for check-ups, referrals, prescription refills, birth control or emotional concerns
	I know what my long-term health problems might be
	I know what patient's rights and confidentiality mean
	I understand the risks and benefits of health care treatments before consenting
	I know who my adult care providers will be, how often to see them and for what

Action
I 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
I know how to fill my own medication(s) prescriptions
I do my own home treatments or therapies
I 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
I carry emergency information with me - care card, phone numbers and/or medic alert
I 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
I can make and get to my health care appointments on my own
I know how to get my medical/health records

C	amedians
	My family supports me in managing my health and plans for transition
	I talk to my family/ friend(s) about my problems and worries
	I 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	
	achers/others I talk to about my school s and problems
I know ho career ch	ow my health condition might affect my noices
I have a S	Social Insurance Number (SIN)
The state of the s	ny family about medical and extended surance after high school
I work for a paid job	service hours, volunteer and/or have
	as about after high school and plans ol and/or work
	w to get information about nips, bursaries and/or career ng
	w and why to register for College/ y special accommodation
	ere is planning to do around my health o away for school, work or travel

Sexua Health
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
100000	I participate in physical activities that are safe for me
	I make good nutritional choices and am at healthy weight
	I know how alcohol, drugs and tobacco affect my medications and health
	I know if I have any driving restrictions

MY NOTES & QUESTIONS



