

SELF-CARE CHECKLIST

Name: _____

MR#: _____

Date of Birth: ____/____/____

Today's Date: ____/____/____

Please use the following scale to rate the **FREQUENCY** of each item:

1= Does Not Apply 2= Never 3= Sometimes 4=Often 5= Always

CF HEALTH KNOWLEDGE:					
I can accurately describe Cystic Fibrosis.	1	2	3	4	5
I can accurately describe the symptoms of Cystic Fibrosis.	1	2	3	4	5
I can describe my daily care routine.	1	2	3	4	5
I know my medications, dosages and times I take them.	1	2	3	4	5
I know what each medication is for.	1	2	3	4	5
I know emergency medical phone numbers.	1	2	3	4	5
I know the "warning signs" that indicate I should call the doctor.	1	2	3	4	5
I go to clinic visits prepared with a "list" of questions.	1	2	3	4	5
I call to report symptoms and/ or changes in my health.	1	2	3	4	5
RELATED HEALTH KNOWLEDGE:					
I understand the relationship between BMI and FEV1.	1	2	3	4	5
I know how enzymes work.	1	2	3	4	5
I know how to try to prevent lung infections.	1	2	3	4	5
I have a basic understanding of CF Related Diabetes.	1	2	3	4	5
I know some basic facts about lung transplantation.	1	2	3	4	5
I know where to seek more information about lung transplantation.	1	2	3	4	5
SEXUAL HEALTH:					
I understand how Cystic Fibrosis impacts fertility.	1	2	3	4	5
I practice safe-sex to prevent pregnancy and sexually transmitted diseases.	1	2	3	4	5
I have a healthcare provider with whom I can discuss family planning options.	1	2	3	4	5
I understand what genetic counseling is.	1	2	3	4	5
I know how to arrange to have genetic counseling.	1	2	3	4	5
PSYCHOSOCIAL WELL-BEING:					
My spouse/partner and I feel comfortable discussing CF.	1	2	3	4	5
I have friends and get together with them regularly.	1	2	3	4	5
I know when I feel stressed out, nervous, angry or down.	1	2	3	4	5
I talk with my spouse/partner, friends, family or other trusted people about problems when needed.	1	2	3	4	5
I know when and how to ask for professional help for different problems.	1	2	3	4	5
I am realistic about my health.	1	2	3	4	5
I have considered the risks and benefits of discussing my health with different people.	1	2	3	4	5
I enjoy my life and generally have a positive outlook.	1	2	3	4	5

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LIFESTYLE:	
I understand the negative effects of smoking, alcohol and drug use.	1 2 3 4 5
I engage in regular physical activity.	1 2 3 4 5
I know what and how much to eat and drink to be healthy.	1 2 3 4 5
I maintain an adequate sleep schedule.	1 2 3 4 5
EDUCATIONAL AND VOCATIONAL PLANNING:	
I have plans for higher education and/ or employment.	1 2 3 4 5
I understand the importance of a healthy work environment.	1 2 3 4 5
I know how to look and apply for a job.	1 2 3 4 5
I know my rights under the ADA and Sect. 504.	1 2 3 4 5
I know how and when to disclose my CF to an employer or college health services.	1 2 3 4 5
I know how and when to ask for "reasonable accommodations" from an employer or college health services.	1 2 3 4 5
FINANCIAL AND PRACTICAL NEEDS:	
I understand my current insurance coverage.	1 2 3 4 5
I know the length of my insurance coverage under my family's plan.	1 2 3 4 5
I am aware of COBRA and how to maintain continuous coverage.	1 2 3 4 5
I have, or arrange for, adequate transportation.	1 2 3 4 5
I have, or know how to obtain, adequate housing.	1 2 3 4 5
I know where/ how to access entitlement programs for financial/ medical assistance.	1 2 3 4 5
I know where and how to access disability if needed.	1 2 3 4 5
I have a plan in the event I am unable to work for a period of time.	1 2 3 4 5
I have a financial plan for my retirement	1 2 3 4 5
I know about Advance Directives and Living Wills.	1 2 3 4 5

What are your **top 3 concerns** about any area of your life? :

1. _____

2. _____

3. _____

How would you like to handle these concerns? : _____

What are your strengths? : _____

What would you like to do better? : _____

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Information You Would Like to Have:

- Medical information
- Financial assistance
- Insurance
- Disclosing CF
- Disability rights
- Employment
- Education
- Financial aid for college
- Lung Transplantation
- Advanced Directives
- Fertility
- Genetic counseling/ testing
- CF websites
- Sexuality
- Adult CF Clinic
- Nutrition
- Infection prevention
- Vocational counseling
- Other

For the above, please describe specifics: _____

PLAN: _____

This Checklist completed: ____/____/____

Next Checklist to be completed: ____/____/____

Patient Signature: _____

Social Worker Signature: _____