Readiness Assessment

 No, I do not No, but I want Yes, I Yes, I

Medication Management know how to learn started doing always do

Do you fill a prescription if you need to? ☐ ☐ ☐ ☐

Do you know what to do if you are having a bad reaction to your medications? ☐ ☐ ☐ ☐

Do you take medications correctly and on your own? ☐ ☐ ☐ ☐

Do you reorder medications before they run out? ☐ ☐ ☐ ☐

Appointment Management

Do you call the doctor's office to make an appointment? ☐ ☐ ☐ ☐

Do you follow up on any referral for tests or check-ups or labs? ☐ ☐ ☐ ☐

Do you arrange for your ride to medical appointments? ☐ ☐ ☐ ☐

Do you call the doctor about unusual changes in your health (eg, allergic reactions)? ☐ ☐ ☐ ☐

Do you apply for health insurance if you lose your current coverage? ☐ ☐ ☐ ☐

Do you know what your health insurance covers? ☐ ☐ ☐ ☐

Do you manage your money and budget household expenses (eg, use checking/debit card)? ☐ ☐ ☐ ☐

Tracking Health Issues

Do you fill out the medical history form, including a list of your allergies? ☐ ☐ ☐ ☐

Do you keep a calendar or list of medical and other appointments? ☐ ☐ ☐ ☐

 No, I do not No, but I want Yes, I Yes, I

 know how to learn started doing always do

Do you make a list of questions before the doctor's visit? ☐ ☐ ☐ ☐

Do you get financial help with school or work? ☐ ☐ ☐ ☐

Talking with Providers

Do you tell the doctor or nurse what you are feeling? ☐ ☐ ☐ ☐

Do you answer questions that are asked by the doctor, nurse or clinic staff? ☐ ☐ ☐ ☐

Managing Daily Activities

Do you help plan or prepare meals/food? ☐ ☐ ☐ ☐

Do you keep home/room clean or clean up after meals? ☐ ☐ ☐ ☐

Do you use neighborhood stores and services (eg, grocery stores and pharmacy stores)? ☐ ☐ ☐ ☐