

Name _____ Date _____ School program/grade _____

Ready to Manage Your Own Mental Health Care?

High school youth can take care of their own mental health conditions or disabilities in a variety of ways. Read the following statements then decide how much the statement is like you. Select one best answer for each statement.

General Medical Information	Agree	Sort of Agree	Sort of Disagree	Disagree
1. I know about my medical insurance and I carry a card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I take good care of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know where my private medical records are kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know how to get my mental health and physical health questions answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have plans and know whom to contact in case of an emergency emotional or personal crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I think smoking, drinking, and drugs affect my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I only see the doctor/psychologist/psychiatrist because someone makes me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know how to use transportation to get to medical/psychological appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I make my own doctor/psychologist/psychiatrist appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have a doctor/psychologist/psychiatrist who takes care of adult patients, not just kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I know all about my physical changes in becoming an adult. (Such as puberty, sexuality, pregnancy and sexually transmitted disease).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal & Professional Interactions	Agree	Sort of Agree	Sort of Disagree	Disagree	
12. It is easy to talk to psychologist/psychiatrists/doctors about my worries or emotional concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I trust the mental health professionals who work with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. I want to have someone with me when I visit my doctor/psychologist/psychiatrist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. If needed, I know how to get help with my mental health worries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. I feel afraid of the people I work or live with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. I live in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identified Disability or Mental Health Diagnosis -- <i>List your identified disabilities or mental health conditions and write in lines below</i> _____ _____	Agree	Sort of Agree	Sort of Disagree	Disagree	Does not apply
18. I know a lot about my _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
19. I am embarrassed about my _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
20. I feel my _____ controls my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
21. I worry about my health and/or mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
22. I think my _____ will get in the way of what I want to do in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
23. I know how to access county mental health case management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Medications & Treatments	Agree	Sort of Agree	Sort of Disagree	Disagree	Does not apply
24. I know what medications I take and when I need to take them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
25. I know the possible side effects of the medication I take and how to monitor for side effects and allergic reactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
26. I get help when taking any medications or treatments I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
27. I get the things I need for my mental health condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
28. I know how to get and refill prescriptions and over-the-counter medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
29. I think that the treatments or medications that I take for my condition will make a difference in my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

