

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



GOT IT!



NEEDS WORK

Voice

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

Action

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

connections

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

Future Planning	
	I have teachers/others I talk to about my school strengths and problems
	I 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
	I 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
	I know how to get information about scholarships, bursaries and/or career counselling
	I know how and why to register for College/ University special accommodation
	I know there is planning to do around my health before I go away for school, work or travel

Sexual 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	
	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

[illegible]