

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Date: \_\_\_\_\_

# Self-Management Skills Checklist for Teens

**Directions:** Below is a list of skills that teens use to manage their sickle cell disease. Please circle the number that best describes your child for each question.

**1**

No, I do not do this.

**2**

No, but I am learning how to do this.

**3**

Yes, I have started doing this when I am reminded.

**4**

Yes, I always do this when I am reminded.

**5**

Yes, I always do this when I need to.

1. Can you name all of your medicines? 1    2    3    4    5

2. Can you find information about sickle cell disease if you need it (like at the doctor's office, on the internet, or in the community)? 1    2    3    4    5

3. Can you find information about your educational options if you need it? 1    2    3    4    5

4. Do you ask your doctor or medical team questions during clinic appointments? 1    2    3    4    5

5. Do you use strategies other than pain medicines to manage your pain (like deep breathing, distraction, imagery)? 1    2    3    4    5

6. Do you take your medicines when you are supposed to? 1    2    3    4    5

7. Do you refill your pain medicines on your own? 1    2    3    4    5

8. Do you complete a medical history form on your own? 1    2    3    4    5

9. Do you take part in activities to stay healthy like exercising and eating healthy foods? 1    2    3    4    5

10. Do you find someone to talk to if you feel sad, down, anxious, or angry? 1    2    3    4    5

11. Do you talk to your school or medical team about your education and the future? 1    2    3    4    5

Name: \_\_\_\_\_

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**1**

No, I don't know.

**2**

No, but I am learning.

**3**

Yes, I know.

1. Do you know the type of sickle cell disease you have? 1      2      3

2. Do you know about complications related to sickle cell disease (like stroke, retinopathy, and bone infection)? 1      2      3

3. Do you know how to manage mild to moderate pain episodes at home? 1      2      3

4. Do you know how to prevent a pain crisis? 1      2      3

5. Do you know when to go to the hospital if you can't manage your symptoms at home? 1      2      3

6. Do you know how often you need to come to your clinic appointments? 1      2      3

7. Do you know which insurance plan you have? 1      2      3

8. Do you know how to find a doctor (not at St. Jude) who is covered by your insurance plan? 1      2      3

9. Do you know how to protect yourself from unplanned pregnancy and sexually transmitted diseases (STDs)? 1      2      3

10. Do you know the effects of tobacco, street drugs, and alcohol on your body? 1      2      3

**On a scale from 0 to 10, please circle one number that best describes how confident you feel about managing your illness on your own.**

**0      1      2      3      4      5      6      7      8      9      10**  
Not confident Very confident