

Young Adult Acuity Rating -----

Patient Name _____

My health care needs	Level I	Level II	Level III
I would describe my current health needs as:	<input type="checkbox"/> Uncomplicated and easily fixed	<input type="checkbox"/> Complex and will take a long time to fix	<input type="checkbox"/> Very complex and will need lifelong care
I would describe my pain as:	<input type="checkbox"/> I have no pain	<input type="checkbox"/> I have some pain	<input type="checkbox"/> I have pain that keeps me from usual routines
My level of understanding regarding my special health care needs:	<input type="checkbox"/> I understand my health care needs very well, and do not need any information at this time	<input type="checkbox"/> I am going to need some information and teaching to meet my needs	<input type="checkbox"/> I will need a lot of training to meet my needs
My level of awareness of additional resources:	<input type="checkbox"/> I have a good understanding about community resources for myself and have already contacted some of them	<input type="checkbox"/> I may need some help in identifying additional resources and how best to use them	<input type="checkbox"/> I am not aware of any resources in my community
How well I feel I can afford all the care that I am going to need:	<input type="checkbox"/> I have no financial concerns	<input type="checkbox"/> I may have difficulty meeting my financial needs	<input type="checkbox"/> I am worried that I may not be able to meet my financial needs
How well I feel my family is able to work through family problems:	<input type="checkbox"/> I feel I have very good skills in solving family problems	<input type="checkbox"/> Sometimes I have needed help in solving family problems	<input type="checkbox"/> I am worried about my family's ability to solve family problems
Level of support (emotional) I get from my friends and family:	<input type="checkbox"/> I feel I have a lot of support	<input type="checkbox"/> I am not sure because I have a difficult time asking for help	<input type="checkbox"/> I do not have any support
How well I am coping with my diagnosis/needs:	<input type="checkbox"/> I feel I am coping well	<input type="checkbox"/> I feel I will be able to cope with support and encouragement	<input type="checkbox"/> I am worried that I will be unable to cope

Hospital use only
Notes:

Parent Acuity Rating -----

Patient Name _____

My health care needs	Level I	Level II	Level III
I would describe my child's health needs as:	<input type="checkbox"/> Uncomplicated and easily fixed	<input type="checkbox"/> Complex and will take a long time to fix	<input type="checkbox"/> Very complex and will need lifelong care
I would describe my child's pain as:	<input type="checkbox"/> My child has no pain	<input type="checkbox"/> My child has some pain	<input type="checkbox"/> My child has pain that him/her from usual routines
My level of understanding regarding my child's special health care needs:	<input type="checkbox"/> I understand my child's health care needs very well, and do not need any information at this time	<input type="checkbox"/> I am going to need some information and teaching to meet my child's needs	<input type="checkbox"/> I will need a lot of training to meet my child's needs
My family's level of awareness of additional resources:	<input type="checkbox"/> I have a good understanding about community resources for my child and have already contacted some of them	<input type="checkbox"/> I may need some help in identifying additional resources and how best to use them	<input type="checkbox"/> I am not aware of any resources in my community
How well I feel my family can afford all the care that my child is going to need:	<input type="checkbox"/> I have no financial concerns	<input type="checkbox"/> I may have difficulty meeting my financial needs	<input type="checkbox"/> I am worried that I may not be able to meet my financial needs
How well I feel my family is able to work through family problems:	<input type="checkbox"/> I feel I have very good skills in solving family problems	<input type="checkbox"/> Sometimes I have needed help in solving family problems	<input type="checkbox"/> I am worried about my family's ability to solve family problems
Level of support (emotional) my child gets from his/her friends and family:	<input type="checkbox"/> I feel he/she has a lot of support	<input type="checkbox"/> I am not sure because he/she has a difficult time asking for help	<input type="checkbox"/> He/she does not have any support
How well my child is coping with his/her diagnosis/needs:	<input type="checkbox"/> I feel he/she is coping well	<input type="checkbox"/> I feel he/she will be able to cope with support and encouragement	<input type="checkbox"/> I am worried that he/she will be unable to cope

Hospital use only
Notes: