

**Preparing Adolescents for Young Adulthood (PAYA)**

Module II

**PERSONAL CARE  
HEALTH  
SOCIAL SKILLS  
AND  
SAFETY**

Handbook for Skill Development

**Massachusetts Department of Social Services**

## Independent Living Skills Module II

PAYA

# MODULE II

### Introduction

W

elcome! The topic areas you'll be working on in this booklet include such vital independent living skills as education, job seeking skills, and job maintenance skills. Each topic area includes sections for easy use: 1) Assessment; 2) Skill Plan; and 3) Activity/Resource Workbook.

The Assessment will help you determine your skill level in each topic area and target those skills in need of further development.

The Skill Plan will help you organize your efforts as you work towards each goal.

The Activity/Resource Workbook contains information and exercises for each of the topic areas to help you develop or strengthen your independent living skills.

As you move from one skill topic to the next, you will be increasing your understanding of the fundamentals of independent living and enhancing your abilities to make a successful and smooth transition to self sufficient young adulthood.

Remember, it's your future!

Good luck and enjoy yourself!

**Independent Living Skills Module II**

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## Independent Living Skills Module II

### PERSONAL CARE SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Have good personal hygiene skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use toiletries appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know which personal care items to buy that will improve my appearance and fit within my budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take pride in my appearance; wear clean and neat clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know which clothes should be hand-washed, dry-cleaned, or machine-washed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can wash my own clothes using a washing machine, correct water temperatures, detergent, bleach, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know how to iron clothes and sew on buttons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know where to take my clothes if they need to be dry cleaned and know how much it will cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module II

You have now completed the assessment section and identified those skills in personal care that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE**

**GOAL: TO IMPROVE PERSONAL CARE SKILLS**

**State Skill 1:**

To learn how to wash and dry my own clothes using a washing machine and a dryer.

**Plan:**

Sort, wash, and dry my own clothes using the correct water temperature, detergent, and bleach, if necessary.

**When:**

At least once a week for two months.

**Who:**

My foster mother or program staff.

Independent Living Skills Module II

GOAL: TO IMPROVE PERSONAL CARE SKILLS

**State Skill 1:**  
to be developed  
and/or improved



**Plan:**  
how do you plan to learn,  
develop and improve this skill?



**When:**  
when, where, and how often will you  
work on this skill and by when will you  
have mastered this?



**Who:**  
will assist you?

**State Skill 2:**  
to be developed  
and/or improved



**Plan:**  
how do you plan to learn,  
develop and improve this skill?



**When:**  
when, where, and how often will you  
work on this skill and by when will you  
have mastered this?

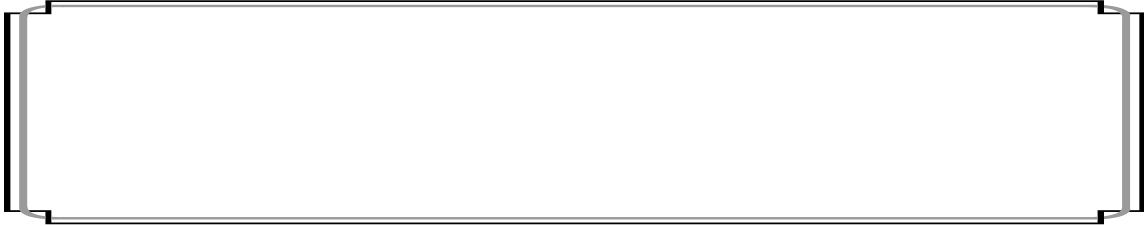


**Who:**  
will assist you?

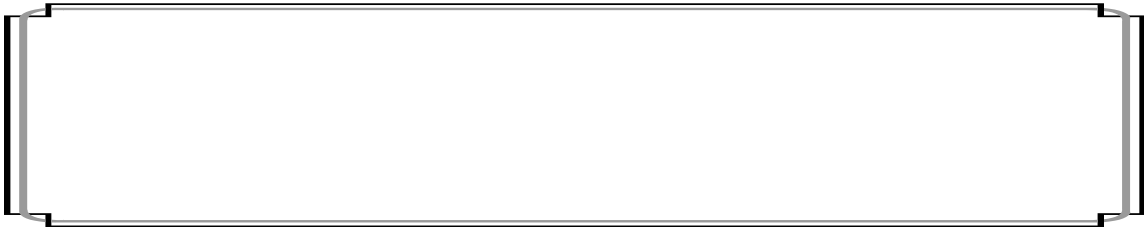
## Independent Living Skills Module II

### PERSONAL APPEARANCE

Why do you think it is important to take pride in your appearance?



What does your personal appearance tell others about you?



It is important to take time for your personal appearance and hygiene. If you plan your morning and evening routines, you'll be sure to have enough time for showering, hair care, dressing, etc., and still be able to get to school or work on time.

**C**onsider the following:

Amanda has difficulty getting to school on time. Although she gets up pretty early, she always seems to be late for school. She spends a lot of time putting on her make-up and choosing what to wear. What advice would you give Amanda?



Are you ever late for school, work, or appointments? \_\_\_\_\_

If so, what delays you? \_\_\_\_\_

## Independent Living Skills Module II



### ACTIVITY

The following is a list of some personal care activities and a sample time chart to practice your scheduling.

*Review the list, choosing those activities appropriate for you and plan your daily routine.*

#### Daily Personal Care Activities

- Plan What To Wear
- Wash and Iron Clothes
- Shower / Bathe
- Wash hair
- Dry hair
- Shave
- Put on make-up
- Eat nutritious breakfast

<b>Daily Routine</b>		
<u>When</u>	<u>Task</u>	<u>Length of time</u>
A.M.		minutes
A.M.		minutes
A.M.		minutes
A.M.		minutes
A.M.		minutes
P.M.		minutes
P.M.		minutes
P.M.		minutes

## Independent Living Skills Module II



### PERSONAL CARE ITEMS:

Ashley has dry skin, particularly during the wintertime. She goes to a local drug store to buy moisturizing lotion. When she arrives in the right aisle, she is confused because there are about 20 different brands of lotions on the shelf.

If you choose your personal care items, what qualities are important to you:

- price
- hypoallergenic
- name brand quality
- recyclable materials
- ingredients
- appearance
- other : \_\_\_\_\_  
\_\_\_\_\_

Take an inventory of all personal care items you use frequently.

_____	
_____	
_____	
_____	
_____	
_____	
	_____
	_____
	_____

## Independent Living Skills Module II



### ACTIVITY

Now that you have taken an inventory of your personal care items, are there any you might be able to purchase more economically without losing the quality you want?

*Go to your local drug store and research the costs and quality of personal care items you use frequently. Record the information in the chart below.*

Personal Care Item	Purpose	Price

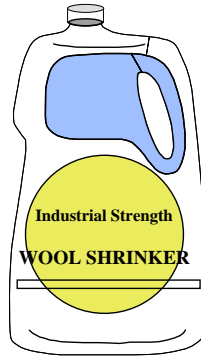
## Independent Living Skills Module II

# CLOTHING

The kind of clothing we wear is usually important to us. Therefore, it is important to take proper care of it.

**C**onsider the following:

Ben got a new wool sweater for Christmas. He put it in the laundry with his other clothes and washed it in hot water. When he took out his laundry, Ben found his sweater was half its original size.



What do you think happened? How would you wash wool?

---

---

### HOW DO YOU WASH YOUR CLOTHES?

**Take an inventory.**

	<u>YES</u>	<u>NO</u>
Do you read labels to find out how to wash your clothes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you separate your laundry according to light and dark colors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use laundry detergent and bleach?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hand-wash clothes which can not be cleaned in a washing machine?	<input type="checkbox"/>	<input type="checkbox"/>
Do you iron your clothes, using the right temperature setting?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take appropriate clothes to the dry-cleaner?	<input type="checkbox"/>	<input type="checkbox"/>

## Independent Living Skills Module II

Read the clothing labels below and explain how you would clean, dry, and iron each individual item.

100% Cotton	100% Silk Hand-wash Only	50% Polyester 50% Rayon	80% Wool 20% Cotton Dry Clean Only
Clean:	Clean:	Clean:	Clean:
Dry:	Dry:	Dry:	Dry:
Iron:	Iron:	Iron:	Iron:

### A Note About Bleach

If bleach is used inappropriately it can cause severe damage to your clothes! Even “color-safe” bleach can be harmful if over-used.

Under what circumstances would you use bleach?

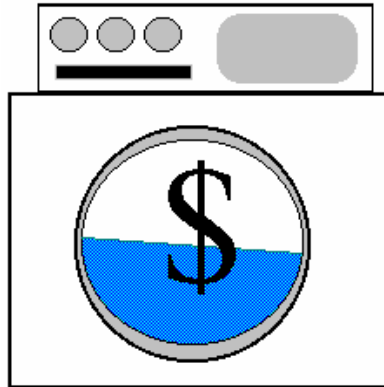
## Independent Living Skills Module II



### ACTIVITY

You might not have access to a washer or dryer when living independently. In this case, you may need to use a local, coin-operated Laundromat.

*Go to a Laundromat and estimate how much it would cost to do your laundry each week.*



My estimate for one week's washing and drying is \$  .



### ACTIVITY

*Go to a local dry-cleaner and inquire about the cost of dry-cleaning:*

A Shirt	A Sweater	A Coat
\$ _____	\$ _____	\$ _____



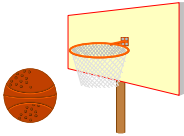

## Independent Living Skills Module II

# WHAT TO WEAR

Wearing the right kind of clothes to the right occasion can save you from embarrassment and missed opportunities.

Take an inventory of your clothes and decide what you would wear at the following occasions:

*I Would Wear:*

<p>A Job Interview</p> 	
<p>High School Graduation</p> 	
<p>A Celtics Game</p> 	
<p>At Work</p> 	

The kind of clothes a person wears is often considered to be a part of his/her identity. There are times, however, where you might want to deviate from “your style.” It is not appropriate to wear jeans, sneakers, or baggy clothing to a job interview, for example, even though you may feel more comfortable in those clothes.

In general, taking good care of your personal appearance is well worth the effort.

## Independent Living Skills Module II

### HEALTH CARE SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team try to answer each of the questions as honestly as possible. After completing this independent living skills assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
1. Know whom to call and where to go for emergency medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can take care of myself when I get colds, the flu, minor cuts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know how to use an oral thermometer to take my temperature and know when a fever is serious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know which non-prescription medications to take for colds, fever, headache, diarrhea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know how to be sure that the tamper-proof seal has not been broken on a medication container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know how to get a medication prescription filled and follow the instructions on the label properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Able to use prescription and non-prescription medication appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand why smoking is harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Keep my Medical Passport up to date and know my own medical history, as well as health risks specific to my racial/ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know when a medical problem requires emergency room treatment instead of a scheduled appointment with the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Independent Living Skills Module II

	<i>I do not know how to do this</i>	<i>I need to know more about this</i>	<i>I can do/ have done this</i>
<b>11.</b> Understand the importance of regular medical and dental care and have chosen a doctor and dentist for ongoing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b> Know how and when to call a doctor or a dentist for an appointment for a check up or for treatment of a medical or dental problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b> Know what medical insurance is, why it's necessary, and that it can be purchased individually or through many employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b> Know that drug and alcohol abuse is very harmful to my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b> Know what first aid kit items I should have at home and know how to use them properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b> Understand what sexually transmitted diseases are and how to prevent getting or spreading them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b> Know what the functions are of the various parts of the body, including sexual organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b> Understand how pregnancy occurs and know how to prevent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b> Know the importance of good nutrition and proper exercise in maintaining health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Living Skills Module II

You have now completed the assessment section and identified those skills that you would like to strengthen in order to be better able to do things on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE**  
**GOAL: TO IMPROVE HEALTH SKILLS**

State Skill 1:

Make sure I am getting enough vitamins and minerals.

Plan:

Find out what the minimum daily requirements of vitamins and minerals are.

Make a chart that has the vitamin and mineral content of common foods and my favorite.

Find out if I need a vitamin or mineral supplement and which is best for my needs.

When:

This week and next.

The next two weeks, one hour each week.

The next 2 weeks.

Who:

I will work with my foster parent to find out this information.

I will go to the library with Alanzo, my best friend.

I will buy it with the help of my foster parent.

Independent Living Skills Module II

GOAL: TO IMPROVE HEALTH SKILLS

**State Skill 1:**  
to be developed  
and/or improved



**Plan:**  
how do you plan to learn,  
develop and improve this skill?



**When:**  
when, where, and how often will you  
work on this skill and by when will you  
have mastered this?



**Who:**  
will assist you?

**State Skill 2:**  
to be developed  
and/or improved



**Plan:**  
how do you plan to learn,  
develop and improve this skill?



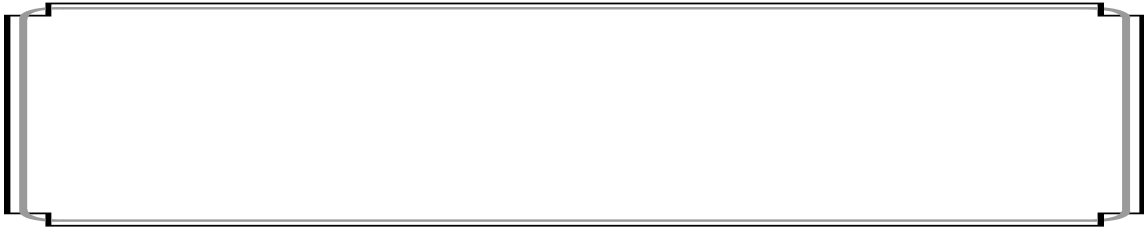
**When:**  
when, where, and how often will you  
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have mastered this?



**Who:**  
will assist you?

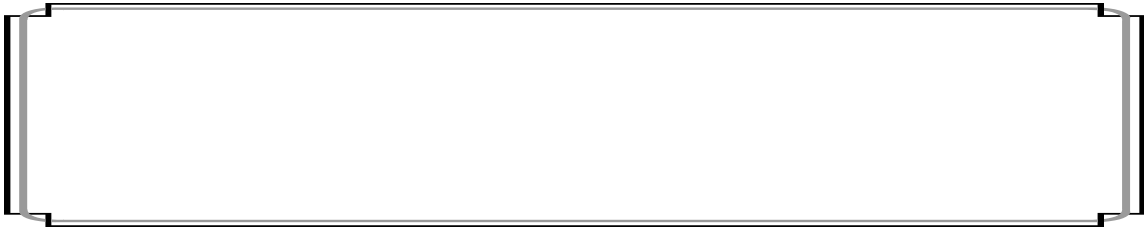
## Independent Living Skills Module II

Why do you think it is important to take care of your health?

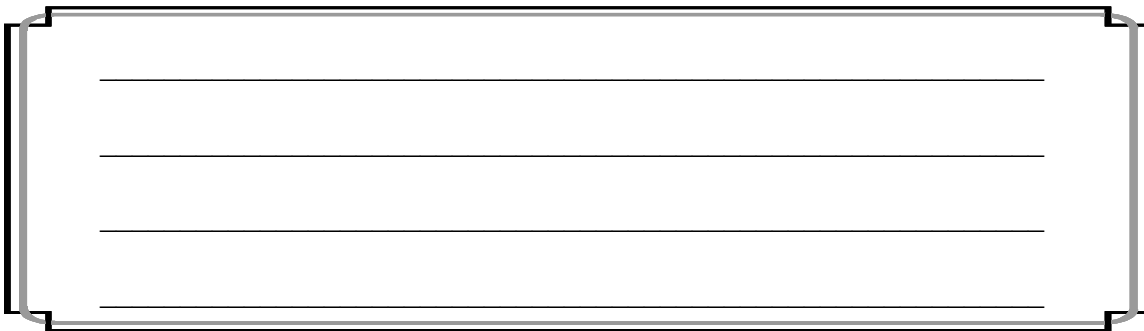


**C**onsider the following:

Thelma doesn't take care of her health. She eats a lot of fatty and sweet foods, doesn't like fruits or vegetables, and never exercises. When a friend tried to speak to her about her habits, Thelma stated that she is still young and that only old people have to take care of their health. What do you think? Is Thelma right?

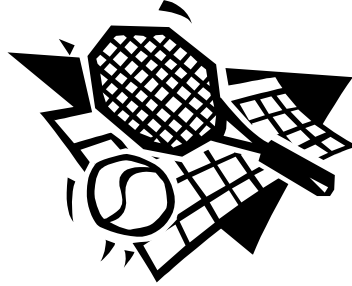


What kinds of things do you think are important in taking care of your health?



## Independent Living Skills Module II

### EXERCISE



Exercising regularly is an important part of keeping physically fit and can prevent certain health risks.

Test your knowledge of fitness by answering TRUE or FALSE to the following statements. (Answers are listed below.)

1. Exercising gives you more energy. \_\_\_\_\_
2. Exercising slows down the aging process. \_\_\_\_\_
3. Exercising regularly can give you more self confidence. \_\_\_\_\_
4. Exercising is a very important part of a good weight loss program. \_\_\_\_\_
5. Even walking for twenty minutes twice a day will improve your physical fitness. \_\_\_\_\_


#### Answers

1. TRUE. If you exercise on a regular basis, you feel more energetic and will be more fit.
2. TRUE. Exercising helps strengthen your body - your bones, muscles, ligaments, and tendons. It helps you improve your cardiovascular system so that your body works more efficiently while it strengthens your heart.
3. TRUE. Setting a goal for exercising three or four times per week and achieving that goal will give you a real sense of accomplishment as well as renewed confidence in yourself and your abilities. Your exercise schedule doesn't have to be like that of an Olympic star; it just needs to be a realistic and attainable goal that you can set for yourself and stick to.

## Independent Living Skills Module II

4. TRUE. Exercise will not only help you burn calories, but it will keep your body in great shape as well.
5. TRUE. Even walking just twice a day for twenty minutes will improve your physical fitness.

Do you want to exercise regularly but find you have a hard time getting going or sticking with it? Use the activity chart below to help you plan your fitness schedule for a week. Use the comments section to record how things went.

Date	Time	Exercise/Activity	Comments
			

Exercise is not only healthy, but it can also be a lot of fun! Many communities offer a variety of free or low cost sports activities you can participate in. In addition, the YMCA offers access to their facilities and classes for a low fee.



### ACTIVITY

Research your community for free or low cost exercise/sports opportunities which reflect your interest.


## Independent Living Skills Module II

# NUTRITION




Good nutrition and a balanced diet are important to keep us healthy.

What kind of foods do you think are healthy and why?

<b>Food</b>		<b>Reason</b>
<i>Vegetables</i>		<i>Vitamins, low calories</i>

What kind of foods do you think are not so healthy? Why?

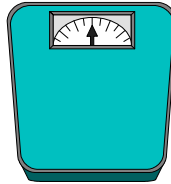
<b>Food</b>		<b>Reason</b>

Test your knowledge of nutrition by answering TRUE or FALSE to the following statements.  
(Answers are below.)

1. One cup of canned peas contains about 300 times more sodium (salt) than one cup of fresh peas. \_\_\_\_\_
2. One pound of body fat contains 3,500 calories. \_\_\_\_\_
3. One tablespoon of liquid honey has fewer calories than one tablespoon of whole granulated sugar. \_\_\_\_\_

## Independent Living Skills Module II

4. All three types of fat (saturated, monounsaturated, and polyunsaturated) raise the level of cholesterol in the blood and can increase the risk of heart attack or stroke. \_\_\_\_\_
5. One cup of popcorn (without butter or margarine) has fewer calories than three potato chips. \_\_\_\_\_
6. A small order of French fries has the same amount of calories as a small ice cream cone. \_\_\_\_\_
7. You will have to walk one and one-half miles to burn off the number of calories in one regular donut. \_\_\_\_\_



### Answers:

1. TRUE. Foods that contain preservatives or are processed have much more sodium than fresh foods. For example,
  - one cup of canned mushroom soup has 1,193 milligrams of sodium.
  - one cup of low fat cottage cheese has 921 milligrams of sodium
  - one fresh egg has 69 milligrams of sodium.
2. TRUE. Therefore, if you are trying to lose some weight and would like to lose one pound per week, you will have to either eat 3,500 fewer calories than you regularly eat or burn up 3,500 more calories through physical activity each week.
3. FALSE. One tablespoon of liquid honey has approximately 60 calories whereas one tablespoon of white sugar has about 46 calories. You should also be aware that sugar is an ingredient in many foods, including some you might never have suspected --soups, spaghetti sauces, salad dressings, etc. Sugar appears under many different names on food product labels. Here are some of the most common:



## Independent Living Skills Module II

4. FALSE. It is the saturated fats that raise the level of cholesterol in the blood. Red meats and dairy products contain a lot of saturated fats. Cholesterol is a kind of fat which our bodies produce. We actually need some cholesterol for our cells and to make hormones. Too much cholesterol, however, will stick to the walls of our arteries and eventually clog the flow of blood. That's when heart attacks or strokes can occur.

Monounsaturated fats do not affect the levels of cholesterol in the blood. Examples include olive and peanut oils. Polyunsaturated fats lower the level of cholesterol in the blood. Most vegetable oils are polyunsaturated. So when, you are planning meals, remember to choose polyunsaturated fats over saturated ones, and try not to eat too many foods containing saturated fats.

5. TRUE. One cup of popcorn (without butter or margarine) has only 25 calories while three potato chips have approximately 34 calories. If you are not sure which foods are high or low in calories, check a food calorie chart. What you learn may help you make better choices in planning what you'll eat for breakfast, lunch, dinner, and snacks.
6. FALSE. The order of French fries has approximately 220 calories while a small ice cream cone has 150 calories.

When you choose a snack or order at a fast food restaurant, be aware of what you'll be eating. Consider the nutritional value, the amount of fat, and the calories as well as your taste buds.

7. TRUE. A donut contains approximately 150 calories. If you walk for one and one half miles, you'll burn off approximately 150 calories.

## Independent Living Skills Module II

How aware are you of all the things that you eat and drink during the day? To get a better idea of what your nutritional intake is, fill out the Daily Food Diary for one week. At the end of the week, review the diary with a friend, staff person, or foster parent.

### Daily Food Diary

Using the example below as a guide, fill out a daily food diary every day for a week.

#### EXAMPLE:

<b>Time</b>	7:00 a.m.	11:00 a.m.		
<b>Food/Drink</b>	1 cup of coffee 1 donut	1 cup of hot chocolate 1 candy bar		
<b>Where</b>	kitchen	cafeteria		
<b>Mood</b>	tired	nervous		
<b>With Whom</b>	myself	Jack & Tia		

### Daily Food Diary

Day: \_\_\_\_\_

<b>Time</b>				
<b>Food/Drink</b>				
<b>Where</b>				
<b>Mood</b>				
<b>With Whom</b>				

## Independent Living Skills Module II

### Daily Food Diary

Day: \_\_\_\_\_

<b>Time</b>				
<b>Food/Drink</b>				
<b>Where</b>				
<b>Mood</b>				
<b>With Whom</b>				

### Daily Food Diary

Day: \_\_\_\_\_

<b>Time</b>				
<b>Food/Drink</b>				
<b>Where</b>				
<b>Mood</b>				
<b>With Whom</b>				

## Independent Living Skills Module II

### Daily Food Diary

Day: \_\_\_\_\_

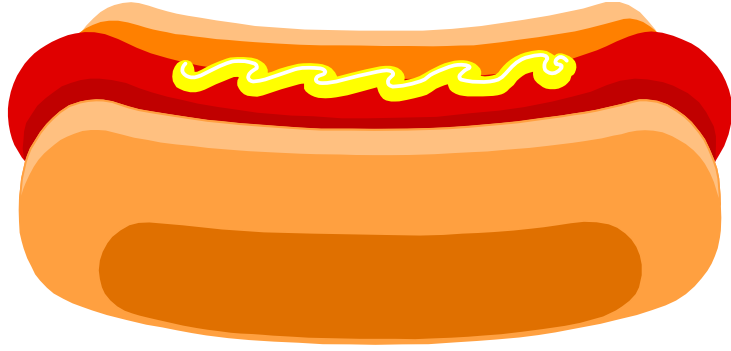
<b>Time</b>				
<b>Food/Drink</b>				
<b>Where</b>				
<b>Mood</b>				
<b>With Whom</b>				

### Daily Food Diary

Day: \_\_\_\_\_

<b>Time</b>				
<b>Food/Drink</b>				
<b>Where</b>				
<b>Mood</b>				
<b>With Whom</b>				

## Independent Living Skills Module II



Now that you have kept track of your eating habits for one week, you can answer the following questions:

Do you eat enough nutritional foods? \_\_\_\_\_

What kind of foods do you eat most often? \_\_\_\_\_

Do you eat mostly fruits and vegetables? Sweets? Fatty Foods? \_\_\_\_\_

\_\_\_\_\_

Are there certain times of the day that you get cravings? If so, When? What kind of things could you do to curb them? \_\_\_\_\_

\_\_\_\_\_

Do you eat when you are in certain moods - sad, bored, nervous, etc.? If so, what could you do instead of eating? \_\_\_\_\_

\_\_\_\_\_

Do you eat more when you are alone or with certain friends? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Independent Living Skills Module II

Should you try to change your habits? If so, you might want to develop helpful strategies with your foster parent, social worker, or program staff.

**My strategies are:**

⇒

⇒

⇒

⇒

## EATING DISORDERS

In a recent Gallup survey, approximately 12% of teenage girls responding and 4% of the boys indicated symptoms of serious eating disorders. Anorexia, bulimia, and compulsive overeating are seriously affecting the physical and psychological well-being of countless young people who are preoccupied with gaining or losing weight.

### DEFINITIONS

**Anorexia:** In the obsessive pursuit of thinness, anorexics deliberately starve themselves and often become malnourished. Compulsive exercise, laxative, and/or diuretic abuse are characteristic. If anorexia is not properly treated, the disease can be fatal.

**Bulimia:** The bulimic compulsively eats and then, to prevent weight gain, purges through self-induced vomiting, use of laxatives, diuretics, strict dieting, fasting, vigorous exercise, or a combination thereof. This addictive binge-purge cycle is often done in secret and can progress from once or twice a week to multiple times a day. Without treatment, bulimia can be fatal due to cardiac arrest or kidney failure.

**Compulsive Overeating:** Compulsive overeaters are unable to control their food intake and repeatedly attempt to lose weight by dieting. While there may be some initial success at weight loss, the weight is ultimately gained back plus additional pounds. Fluctuations in weight and medical complications, such as hypertension and even diabetes, may be characteristic of this disease.

## **Independent Living Skills Module II**

### **Common symptoms of eating disorders include:**

1. Constantly thinking about “feeling fat”
2. Intense fear of becoming fat or gaining weight
3. Feeling of loss of control while eating
4. Allowing your weight to determine your self-esteem
5. Feelings of guilt or shame after eating
6. Repeated and unsuccessful attempts to diet
7. Bingeing (eating large amounts of food in a short period of time)
8. Feeling self-conscious or embarrassed about eating (sneaking food or lying about eating habits)
9. Strict dieting
10. Fasting
11. Self-induced vomiting
12. Laxative and/or diuretic use
13. Compulsive exercising
14. Eating for emotional comfort, or to relieve stress or depression
15. Looking forward with pleasure and anticipation to the moments when you can eat alone
16. Eating when you’re not even hungry
17. Eating sensibly in front of others and then making up for it when you’re alone.

From materials developed by The Radar Institute, Los Angeles, California

## **Independent Living Skills Module II**

### **Resource List**

If you feel that you have or are at risk of developing an eating disorder, you need to seek professional help. Some of the resources available in the Boston area are listed below:

Children's Hospital, Eating Disorders Unit  
Boston -- (617) 355-7178  
Outpatient treatment for anorexic/bulimic adolescents, ages 12 - 21.

Judge Baker Children's Center  
Boston -- (617) 232-8390  
In-patient treatment for anorexics/bulimics up to 19 years of age.

Massachusetts Eating Disorder Association  
Brookline -- (617)738-6332  
Peabody -- (508)-532-7701  
Quincy -- (617) 782-9522

McLean Hospital  
Belmont -- (617)- 855-2991

Newton-Wellesley Hospital, Eating Disorder Program  
Newton -- (617) 243-6157  
Eating disorder clinic in psychiatry program

Overeaters Anonymous  
Arlington -- (617) 641-2303  
Self-help group for food addicts. Staff can refer callers to groups throughout Massachusetts.

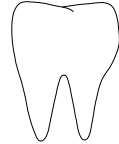
University of Massachusetts Medical Center  
Worcester -- (508) 856-5610

## Independent Living Skills Module II

# PERSONAL HEALTH CARE

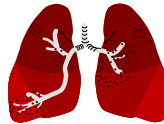
Taking care of your personal health and obtaining the necessary health information and/or services is an important life-long task. You should also know your own health history (any illnesses, immunizations, allergies, etc.). Keeping yourself healthy involves not only getting proper medical treatment when you're sick, but also preventing health problems as well.

**C**onsider the following examples:



Niklaus has a cavity and is supposed to make an appointment with the dentist. However, he does not follow through. What long-term and short-term consequences do you think Niklaus might suffer by not scheduling a dentist's appointment?

Short Term:
Long Term:



Leah is a cheerleader at her high school. There is a history of asthma in her family. Recently, she has had trouble catching her breath, oftentimes during her cheerleading practice. However, her breathing always seems to improve after a little while. Leah is afraid that if she tells someone about her problem, she won't be able to be a cheerleader anymore. She thinks that her difficulty breathing might just go away by itself. Do you think Leah is right? What would you do?

--

## Independent Living Skills Module II

Take some time and answer the questions below with a foster parent, staff, or social worker to evaluate your personal health care needs. Mark those questions that need some follow-up, and plan with your foster parent, program staff, and/or social worker how you will get the information or services you need.

	<u>YES</u>	<u>NO</u>
Do you have a Medical Passport?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any questions about the information in the passport?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone gone over the information in the Passport with you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know when your last medical checkup was?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know when your last dental checkup was?	<input type="checkbox"/>	<input type="checkbox"/>
Is your general health good?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a family history of any particular disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking medication or getting any regular treatments?	<input type="checkbox"/>	<input type="checkbox"/>
Did either the doctor or dentist suggest you make another appointment to have a problem followed?	<input type="checkbox"/>	<input type="checkbox"/>
Do health problems often interfere with your daily activities (keep you out of work, school, sports, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a lot accidents or injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do the people you live with or your friends think you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use birth control?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a doctor that you feel comfortable seeing?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any health problem you'd like to have checked or a question you'd like to ask if the service was free and confidential (just between you and the doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you see a counselor or therapist?	<input type="checkbox"/>	<input type="checkbox"/>
If not, would you like to have someone with whom you could discuss your feelings and concerns?	<input type="checkbox"/>	<input type="checkbox"/>

## Independent Living Skills Module II

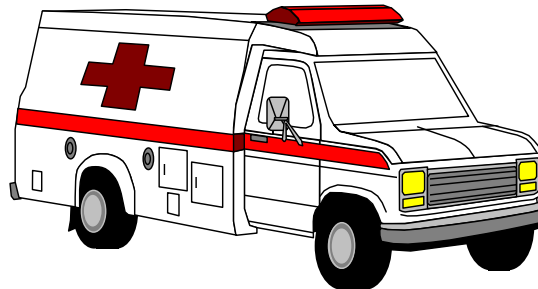
### My Personal Health Care Needs:

*I need to follow up on...*

*...by getting information or services from...*



It is important to keep track of all your medical records. Be sure to put them in a safe and easily accessible place -- maybe your document portfolio. Not even doctors are able to read your mind. They need information to treat you properly. In a medical emergency or during a regularly scheduled doctor's visit, the more information you can provide to the medical care staff, the better they will be able to care for you.



Jan knew Jack was driving too fast that day but never would have thought there might really be a car crash. Nevertheless, here they were in an ambulance on the way to the emergency room. The EMTs (Emergency Medical Technicians) asked Jan if she was allergic to a list of things, and she had no idea whether she was or not.

Why did the EMTs ask Jan that question? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What information could Jan give them that would be helpful? \_\_\_\_\_

\_\_\_\_\_

## Independent Living Skills Module II

# FAMILY MEDICAL HISTORY

Family medical history is very important. Your Medical Passport should include a fair amount of this information, so be sure to have a personal copy for your own records.

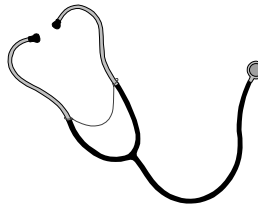
If you do not have much family health history information available to you, you should ask your social worker, foster parent, or staff to help you obtain the health history.

### Family History

Have any of your blood relatives (brothers, sister, parents, grandparents) ever had any of the following medical problems?

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Migraine headaches                 |
| <input type="checkbox"/> TB Skin test (positive results)   | <input type="checkbox"/> Alcohol or drug problem            |
| <input type="checkbox"/> High blood pressure               | <input type="checkbox"/> Epilepsy, convulsions, or seizures |
| <input type="checkbox"/> Anemia                            | <input type="checkbox"/> Psychiatric problems               |
| <input type="checkbox"/> Heart attack before the age of 60 | <input type="checkbox"/> Stroke                             |
| <input type="checkbox"/> Kidney problem                    | <input type="checkbox"/> Birth defects                      |
| <input type="checkbox"/> Mental retardation                | <input type="checkbox"/> Death at a young age               |
| <input type="checkbox"/> Learning problem                  | <input type="checkbox"/> Stomach or intestinal problems     |
| <input type="checkbox"/> Arthritis                         | <input type="checkbox"/> Asthma                             |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> Cancer (Type: _____)               |

Let's look at Bob's example:



Bob is 17 years old and has been in foster care for two and a half years. Recently, he has been suffering really bad headaches which aspirin doesn't seem to help. He and his foster mother are at the doctor's office now, where Bob is trying to fill out the health questionnaire the nurse has given him. Bob is having a hard time answering some of the medical history questions, especially those about his sisters, brothers, parents, and grandparents.

What should Bob do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Independent Living Skills Module II

Who could help him? \_\_\_\_\_

\_\_\_\_\_

What should he tell the doctor or nurse? \_\_\_\_\_

\_\_\_\_\_

What can he do for “next time” to be better prepared for this kind of thing? \_\_\_\_\_

\_\_\_\_\_

What section in the Medical Passport offers some information that will help? \_\_\_\_\_

\_\_\_\_\_

Do you need to obtain more information? If so, use the chart below to plan how you will get additional information about your medical history:

<i>I need more information about...</i>		Strategy
	⇒	
	⇒	
	⇒	
	⇒	
	⇒	

## Independent Living Skills Module II



### ACTIVITY

*Here is a sample Health Questionnaire, similar to one that you might be asked to fill out when visit a new doctor or clinic. Answer the questions that you know and put a question mark (?) next to those you don't know. Then review this questionnaire with your social worker and foster parent or program staff to help you find the missing information.*

### Health Questionnaire



Name :

Address :

Date of Birth :

What questions or health problems would you like to see the doctor about today? \_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication?  Yes  No

If Yes, what medicines do you take? \_\_\_\_\_  
\_\_\_\_\_

### Medical History

Where were you born? \_\_\_\_\_ Hospital  
\_\_\_\_\_ City

How much did you weigh at birth?  lbs. and  oz.

Did your mother have any problems during her pregnancy? If so, describe. \_\_\_\_\_  
\_\_\_\_\_

Did she take any medication? \_\_\_\_\_

Were there any complications with the birth? \_\_\_\_\_

## Independent Living Skills Module II

Have you ever been admitted to the hospital? Yes No

If yes, please list the dates, hospitals, and reasons for hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Have you ever had an allergic reaction (to medicine, food, a bee sting, etc.)? Yes No

If yes, list the substance to which you are allergic: \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery (operations)? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any broken bones or any serious injuries? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Check any of the following illnesses and health problems that you have had or presently have:

- |  |  |
|--|--|
| <input type="checkbox"/> Anemia                                | <input type="checkbox"/> +TB Test (positive results)                       |
| <input type="checkbox"/> Asthma                                | <input type="checkbox"/> High blood pressure                               |
| <input type="checkbox"/> Hay fever                             | <input type="checkbox"/> Migraine headache                                 |
| <input type="checkbox"/> Chicken Pox                           | <input type="checkbox"/> Seizures (convulsion, epilepsy)                   |
| <input type="checkbox"/> Measles                               | <input type="checkbox"/> Thyroid problem                                   |
| <input type="checkbox"/> Heart murmur                          | <input type="checkbox"/> Concussion  |
| <input type="checkbox"/> Pneumonia                             | <input type="checkbox"/> Cancer  |
| <input type="checkbox"/> Illness (other than colds, flu, etc.) | <input type="checkbox"/> Back/joint pain                                   |
| <input type="checkbox"/> Stomach/intestinal problems           | <input type="checkbox"/> Pelvic infection                                  |
| <input type="checkbox"/> Kidney problem                        | <input type="checkbox"/> Uterus or ovary problem                           |
| <input type="checkbox"/> Blood clots or vein problems          | <input type="checkbox"/> Pregnancy   |
| <input type="checkbox"/> Hepatitis, jaundice                   | <input type="checkbox"/> Miscarriage or abortion                           |
| <input type="checkbox"/> Urinary tract infection               | <input type="checkbox"/> Venereal disease (VD)                             |
| <input type="checkbox"/> Vaginal infection                     | <input type="checkbox"/> Trouble seeing from a distance (near-sightedness) |
| <input type="checkbox"/> Short or tall for age                 | <input type="checkbox"/> Trouble seeing things close up (far-sightedness)  |
| <input type="checkbox"/> Overweight                            | <input type="checkbox"/> Wear glasses / contact lenses                     |
| <input type="checkbox"/> Underweight                           |  |
| <input type="checkbox"/> Mononucleosis                         |  |

## Independent Living Skills Module II

- Frequent headaches
- Frequent tiredness
- Can't get to sleep easily / insomnia
- Sleep too much
- Cold or heat intolerance
- Dizziness
- Fainting or passing out
- Skin problem
- Severe acne
- Difficulty hearing
- Earache
- Wheezing
- Cough
- Heart skips a beat / palpitations
- Heart races
- Stomach pain
- Nausea
- Vomiting
- Ringing in ears
- Sore that doesn't heal or change in wart or mole
- Blurred vision
- Constipation
- Nosebleeds
- Gum or mouth pain
- Recent toothache
- Breast lump
- Shortness of breath
- Difficulty with bowel movements
- Infrequent bowel movements
- Diarrhea
- Blood in stool
- Blood in urine
- Frequent urination
- Pain with urination
- Bed wetting
- Bleed or bruise easily
- Excessive thirst

List any other illnesses or health problems below:

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## Independent Living Skills Module II

### Females Only: Visit to the gynecologist

Your age when you first got your period \_\_\_\_\_

Cycle length (How long does your period usually last?) \_\_\_\_\_

Irregular (Does the time of your period change from month to month?) Yes  No

On what date did your last period start? \_\_\_\_\_

Cramps Yes  No

Excess bleeding with period Yes  No

Vaginal discharge Yes  No

Have had a pelvic (internal) exam before? Yes  No

Date of last pelvic exam \_\_\_\_\_

History of past pregnancy: Have you ever been pregnant? Have you had a miscarriage or abortion? (List responses and dates below.)  
\_\_\_\_\_

### Males and Females

Are you sexually active? Yes No

Check all methods of birth control you use:

- Condoms (rubbers)
- Birth control pills
- Diaphragm and spermicidal jelly
- Contraceptive foam or suppositories
- Sponge
- IUD
- Withdrawal
- Rhythm
- Norplant
- Depo-Provera

## Independent Living Skills Module II

### Substance Use

Do you smoke cigarettes? Yes No

If yes, how many cigarettes do you smoke a day? \_\_\_\_\_

How many years have you been smoking? \_\_\_\_\_

Have you ever tried to stop? Yes No

Do you drink alcohol? Yes No

If yes, what kind of alcohol do you usually drink? \_\_\_\_\_

How often do you drink? \_\_\_\_\_

Why do you usually drink? \_\_\_\_\_

How much do you usually drink on those days that you do drink? \_\_\_\_\_

Do you ever drink by yourself? Yes No

Do any of your friends use alcohol? Yes No

Do you use drugs? Yes No

Have you used any of the following drugs in the past month?

Marijuana Yes No

Cocaine Yes No

Acid Yes No

Speed Yes No

Others (please list) \_\_\_\_\_

Do you use any needle drugs? Yes No

If yes, which types? \_\_\_\_\_

Are you worried about your drug or alcohol use? Yes No

If yes, please describe. \_\_\_\_\_

Is anyone else worried about your drug or alcohol use? Yes No

Would you like to talk to someone about your use of substances? Yes No