

Transition Readiness Assessment for adolescent 16 years and older

Please fill out this form to help us see what you already know about your health, using health care and areas that you need to learn more about. If you need help completing this form, please let us know.

Date:

Name:

Date of Birth:

Transition and Self-Care Importance and Confidence

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is it to you to manage your own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your ability to manage your own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Health

Please check the box that applies to you right now.

Yes, I know this

I need to learn

Someone needs to do this... Who?

- I know my medical needs. Yes, I know this I need to learn Someone needs to do this... Who?
- I can explain my medical needs to others. Yes, I know this I need to learn Someone needs to do this... Who?
- I know my symptoms including ones that I quickly need to see a doctor for. Yes, I know this I need to learn Someone needs to do this... Who?
- I know what to do in case I have a medical emergency. Yes, I know this I need to learn Someone needs to do this... Who?
- I know my own medicines, what they are for, and when I need to take them. Yes, I know this I need to learn Someone needs to do this... Who?
- I know my allergies to medicines and the medicines I should not take. Yes, I know this I need to learn Someone needs to do this... Who?
- I can explain to others how my customs and beliefs affect my health care decisions and medical treatment. Yes, I know this I need to learn Someone needs to do this... Who?

Using Health Care

- I know or I can find my doctor's phone number. Yes, I know this I need to learn Someone needs to do this... Who?
- I make my own doctor appointments. Yes, I know this I need to learn Someone needs to do this... Who?
- Before a visit, I think about questions to ask. Yes, I know this I need to learn Someone needs to do this... Who?
- I have a way to get to my doctor's office. Yes, I know this I need to learn Someone needs to do this... Who?
- I know I need to show up 15 minutes before the visit to check in. Yes, I know this I need to learn Someone needs to do this... Who?
- I know where to go to get medical care when the doctor's office is closed. Yes, I know this I need to learn Someone needs to do this... Who?
- I have a file at home for my medical information. Yes, I know this I need to learn Someone needs to do this... Who?
- I know how to fill out medical forms. Yes, I know this I need to learn Someone needs to do this... Who?
- I know how to get referrals to other providers. Yes, I know this I need to learn Someone needs to do this... Who?
- I know where my pharmacy is and how to refill my medicines. Yes, I know this I need to learn Someone needs to do this... Who?
- I know where to get blood work or x-rays done if my doctor orders them. Yes, I know this I need to learn Someone needs to do this... Who?
- I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary). Yes, I know this I need to learn Someone needs to do this... Who?
- I understand how health care privacy changes at age 18 when legally an adult. Yes, I know this I need to learn Someone needs to do this... Who?
- I have a plan so I can keep my health insurance after 18 or older. Yes, I know this I need to learn Someone needs to do this... Who?
- My family and I have discussed my ability to make my own health care decisions at age 18. Yes, I know this I need to learn Someone needs to do this... Who?

Transition Readiness Assessment for Parents/Caregiver

Please fill out this form to help us see what your child already knows about his or her health and the areas that you think he/she needs to learn more about. After you complete the form, compare your answers with the form your child has complete. Your answers may be different. We will help you work on some steps to increase your child's health care skills.

Date:

Name:

Date of Birth:

Transition and Self-Care Importance and Confidence

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is it for your child to manage his or her own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your child's ability to manage his or her own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Health

Please check the box that applies to you right now.

Yes, he/she knows this

He/she needs to learn

Someone needs to do this... Who?

My child knows his/her medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can explain his/her medical needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her symptoms including ones that he/she quickly needs to see a doctor for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what to do in case he/she has a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her own medicines, what they are for, and when he/she needs to take them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her allergies to medicines and medicines he/she should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can explain to others how his/her customs and beliefs affect health care decisions and medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Health Care

My child knows or can find his/her doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child makes his/her own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, my child thinks about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a way to get to his/her doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows to show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to go to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a file at home for his/her medical information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a copy of his/her current plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to get referrals to other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where his/her pharmacy is and how to refill his/her medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to get blood work or x-rays if his/her doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows he/she can see a doctor alone as I wait in the waiting room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child understands how health care privacy changes at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a plan to keep his/her health insurance after ages 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I have discussed his/her ability to make his/her own health care decisions at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I have discussed a plan for supported decision-making, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

