TRANSITION CHECKLIST: Ages 15-16

Patient name: _____ Date of birth: _____

Name of person completing form: _____ Date: _____

Relationship to patient (circle one): Self Parent(s) CF clinic staff

Please use the following to rate the **FREQUENCY** of each item. (Parents, please use this tool as it applies to your **observations** of your child)

CF HEALTH KNOWLEDGE:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I can accurately describe my diagnosis.	1	2	3	4	n/a
I can accurately describe the symptoms of my illness.	1	2	3	4	n/a
I can describe my daily care routine.	1	2	3	4	n/a
I know my medications, dosages, and times I take them.	1	2	3	4	n/a
I know what each medication is for.	1	2	3	4	n/a
I know emergency medical phone numbers.	1	2	3	4	n/a
I know the "warning signs" that indicate I should call the doctor.	1	2	3	4	n/a

INDEPENDENT HEALTHCARE ACTIONS:	**1 Never**	**2 Sometimes**	**3 Often**	**4 Always**	**n/a**
I answer my health care providers' questions myself.	1	2	3	4	n/a
I ask my health care providers my own questions.	1	2	3	4	n/a
I meet with my health care providers during clinic visits by myself at least part of the time.	1	2	3	4	n/a
I take charge of my daily health care without reminders.	1	2	3	4	n/a
I schedule my own clinic / doctor's appointments.	1	2	3	4	n/a
I tell my parents when there are new symptoms and/or changes in my health.	1	2	3	4	n/a
I help my parents remember my daily care routine.	1	2	3	4	n/a

RELATED HEALTH KNOWLEDGE:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I know how to try to keep my lungs healthy.	1	2	3	4	n/a
I understand the importance of airway clearance and huff coughing at least twice a day.	1	2	3	4	n/a
I know how enzymes work.	1	2	3	4	n/a
I know the signs that might indicate CF Related Diabetes.	1	2	3	4	n/a

INFECTION CONTROL:	**1**	**2**	**3**	**4**	

	Strongly Disagree	Disagree	Agree	Strongly Agree	n/a
I know I should avoid direct contact with other individuals with CF whenever possible.	1	2	3	4	n/a
My family and I know how to do good hand hygiene to maintain good infection control, especially during illness.	1	2	3	4	n/a

THERAPIES:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I know how to properly use and set up my breathing equipment.	1	2	3	4	n/a
I know how to clean and disinfect my breathing equipment (VEST, spacers, neb kits, etc.).	1	2	3	4	n/a
I know how often I need to clean and disinfect my breathing equipment.	1	2	3	4	n/a

LIFESTYLE ISSUES:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I understand the negative effects of smoking and the relationship between smoking and lung disease	1	2	3	4	n/a
I understand the negative effects of alcohol and the relationship between alcohol use and liver disease.	1	2	3	4	n/a
I understand the negative effects of drug use.	1	2	3	4	n/a
I know what and how much to eat to be healthy.	1	2	3	4	n/a
I know the importance of drinking enough water.	1	2	3	4	n/a
I engage in regular physical activity as a form of airway clearance.	1	2	3	4	n/a
I understand the relationship between getting enough sleep and good health.	1	2	3	4	n/a
I maintain an adequate sleep schedule.	1	2	3	4	n/a

PSYCHOSOCIAL WELL-BEING:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I have friends and get together with them regularly.	1	2	3	4	n/a
I know when I feel stressed, nervous, angry, or down.	1	2	3	4	n/a
I talk with friends, family, or other trusted people about problems when needed.	1	2	3	4	n/a
I know when and how to ask for a counselor / mental health professional for help with different problems.	1	2	3	4	n/a
I have thought about how to discuss my CF with	1	2	3	4	n/a

different people.					
I feel comfortable asking questions about my life expectancy.	1	2	3	4	n/a
I enjoy my life and generally have a positive outlook.	1	2	3	4	n/a

SEXUAL HEALTH:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I understand how reproduction works.	1	2	3	4	n/a
I know where and how to find more information on reproduction.	1	2	3	4	n/a
I understand how to prevent pregnancy.	1	2	3	4	n/a
I understand how to prevent sexually transmitted diseases.	1	2	3	4	n/a
I know how CF could impact sexual development and reproduction.	1	2	3	4	n/a

EDUCATIONAL / VOCATIONAL PLANNING:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I have ideas about what I'd like to do after high school.	1	2	3	4	n/a
I have plans for higher education and/or employment.	1	2	3	4	n/a
I understand the importance of a healthy work environment.	1	2	3	4	n/a
I feel prepared to balance my schooling and my CF treatment and therapies.	1	2	3	4	n/a
I talk to my parents / school counselor / teacher / CF team member about volunteer work I might like to do.	1	2	3	4	n/a
I know how to get special accommodations in school.	1	2	3	4	n/a
I understand the availability of an individualized education plan (IEP) for school.	1	2	3	4	n/a

Name: _____ Date of birth: _____

What are your **top 3 concerns** about any area of your (your child's) life? :
1. _____
2. _____
3. _____

How would you like to handle these concerns? : _____
_____

What are your strengths? : _____
_____

What would you like to do better? : _____
_____

Information You Would Like to Have:

- ❑ Medical information
- ❑ Financial assistance resources
- ❑ Insurance
- ❑ Disclosing CF
- ❑ Disability rights
- ❑ Employment
- ❑ Education
- ❑ Financial aid for college
- ❑ Lung Transplantation
- ❑ Advanced Directives
- ❑ Fertility
- ❑ Genetic counseling/ testing
- ❑ CF websites
- ❑ Sexuality
- ❑ Adult CF Clinic
- ❑ Nutrition
- ❑ Infection prevention
- ❑ Vocational counseling
- ❑ Other

For the above, please describe specifics: _____
_____
_____
_____
_____

PLAN: _____
_____
_____
_____
_____

This Checklist completed: ____/____/____
Next Checklist to be completed: ____/____/____

Patient or Guardian Signature: _____

Social Worker Signature: _____