TRANSITION CHECKLIST: Ages 17 and over

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 provider's 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 most 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 follow up on referrals for tests, checkups, or labs.	1	2	3	4	n/a
I call to report symptoms and/or changes in my health.	1	2	3	4	n/a
I get my own prescriptions filled.	1	2	3	4	n/a
I help my parents remember my daily care routine.	1	2	3	4	n/a

KNOWLEDGE OF ADULT CF CLINIC:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I have met with at least one member of the Adult CF Clinic staff.	Yes		No		
I know how to schedule a routine or sick appointment with the Adult CF Clinic.	1	2	3	4	n/a
I know where adult CF patients are hospitalized.	1	2	3	4	n/a
I have had at least one Adult CF Clinic appointment.	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 have a basic understanding of CF Related Diabetes.	1	2	3	4	n/a
I understand the relationship between good nutrition / weight and healthy lung function.	1	2	3	4	n/a
I know approximately how many calories I need to consume each day to maintain or gain weight.	1	2	3	4	n/a
I understand the importance of drinking enough non-caffeinated, non-carbonated fluid every day.	1	2	3	4	n/a
I know some basic facts about lung transplantation.	1	2	3	4	n/a
I know where to seek more information about lung transplantation.	1	2	3	4	n/a

INFECTION CONTROL:	1 Strongly Disagree	2 Disagree	3 Agree	4 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	1	2	3	4	n/a

relationship between alcohol use and liver disease.					
I understand the negative effects of drug use.	1	2	3	4	n/a
I know how to plan/prepare food and meals within my nutritional plan.	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 health with different people.	1	2	3	4	n/a
I know how to cope with the long-term effects of having a chronic illness like CF.	1	2	3	4	n/a
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 seek more information on reproduction.	1	2	3	4	n/a
I understand how my diagnosis impacts fertility and am aware of my reproductive options.	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 understand what genetic counseling is.	1	2	3	4	n/a
I know how to arrange to have genetic counseling.	1	2	3	4	n/a

EDUCATIONAL / VOCATIONAL PLANNING:	**1 Strongly**	**2 Disagree**	**3 Agree**	**4 Strongly**	**n/a**

	Disagree			Agree	
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 job / schooling and my CF health maintenance.	1	2	3	4	n/a
I know how to look for a job.	1	2	3	4	n/a
I know how to apply for a job.	1	2	3	4	n/a
I know how to apply for college.	1	2	3	4	n/a
I know how to apply for financial aid / scholarships.	1	2	3	4	n/a
I know my rights under the American Disabilities Act and Sect. 504.	1	2	3	4	n/a

FINANCIAL AND PRACTICAL NEEDS:	**1 Strongly Disagree**	**2 Disagree**	**3 Agree**	**4 Strongly Agree**	**n/a**
I understand my current insurance coverage.	1	2	3	4	n/a
I know how much my co-pay is for medications and equipment.	1	2	3	4	n/a
I know the length of my insurance coverage under my family's plan.	1	2	3	4	n/a
I am aware of COBRA and how to maintain coverage.	1	2	3	4	n/a
I understand the importance of maintaining my health for work or education so that I have health insurance.	1	2	3	4	n/a
I know who to call with questions about insurance.	1	2	3	4	n/a
I am familiar with the CF Legal Hotline.	1	2	3	4	n/a
I know how to drive and/or arrange transportation.	1	2	3	4	n/a
I have plans for where I am going to live.	1	2	3	4	n/a
I know where/ how to access entitlement programs for financial/ medical assistance.	1	2	3	4	n/a
I manage my own money. (I have a bank account, I stick to a budget, etc.)	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: _____