



Sample Transition Readiness Assessment for Youth

Six Core Elements of Health Care Transition 2.0

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name:

Date of Birth:

Transition 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 prepare for/change to an adult doctor before age 22?

| | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|-----------|
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |
|---------|---|---|---|---|---|---|---|---|---|-----------|

How confident do you feel about your ability to prepare for/change to an adult doctor?

| | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|-----------|
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |
|---------|---|---|---|---|---|---|---|---|---|-----------|

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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can explain my medical needs to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know my symptoms including ones that I quickly need to see a doctor for. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know what to do in case I have a medical emergency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know my own medicines, what they are for, and when I need to take them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know my allergies to medicines and medicines I should not take. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand how health care privacy changes at age 18 when legally an adult. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can explain to others how my customs and beliefs affect my health care decisions and medical treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Using Health Care

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| I know or I can find my doctor's phone number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I make my own doctor appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Before a visit, I think about questions to ask. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a way to get to my doctor's office. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know to show up 15 minutes before the visit to check in. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know where to go to get medical care when the doctor's office is closed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a file at home for my medical information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a copy of my current plan of care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know how to fill out medical forms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know how to get referrals to other providers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know where my pharmacy is and how to refill my medicines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know where to get blood work or x-rays if my doctor orders them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a plan so I can keep my health insurance after 18 or older. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My family and I have discussed my ability to make my own health care decisions at age 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Sample Transition Readiness Assessment for Parents/Caregivers

Six Core Elements of Health Care Transition 2.0

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 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 prepare for/change to an adult doctor before age 22?

| | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|-----------|
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |
|---------|---|---|---|---|---|---|---|---|---|-----------|

How confident do you feel about your child's ability to prepare for/change to an adult doctor?

| | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|-----------|
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |
|---------|---|---|---|---|---|---|---|---|---|-----------|

My Health

Please check the box that applies to your child 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.

My child can explain his/her medical needs to others.

My child knows his/her symptoms including ones that he/she quickly needs to see a doctor for.

My child knows what to do in case he/she has a medical emergency.

My child knows his/her own medicines, what they are for, and when he/she needs to take them.

My child knows his/her allergies to medicines and medicines he/she should not take.

My child carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).

My child knows he/she can see a doctor alone as I wait in the waiting room.

My child understands how health care privacy changes at age 18.

My child can explain to others how his/her customs and beliefs affect health care decisions and medical treatment.

Using Health Care

My child knows or can find his/her doctor's phone number.

My child makes his/her own doctor appointments.

Before a visit, my child thinks about questions to ask.

My child has a way to get to his/her doctor's office.

My child knows to show up 15 minutes before the visit to check in.

My child knows where to go to get medical care when the doctor's office is closed.

My child has a file at home for his/her medical information.

My child has a copy of his/her current plan of care.

My child knows how to fill out medical forms.

My child knows how to get referrals to other providers.

My child knows where his/her pharmacy is and how to refill his/her medicines.

My child knows where to get blood work or x-rays if his/her doctor orders them.

My child has a plan to keep his/her health insurance after ages 18 or older.

My child and I have discussed his/her ability to make his/her own health care decisions at age 18.

My child and I have discussed a plan for supported decision-making, if needed.