

This document should be completed by youth with intellectual or developmental disabilities who are under the age of 18 years old in order to assess their readiness to transition to an adult health care provider. If a youth's intellectual or developmental disabilities prevent him or her from independently filling out this document, the youth's caregiver should fill out the caregiver version of this Transition Readiness assessment form instead.

Please fill out this form to help us see what you already know about your health and 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: \_\_\_\_\_

**Legal Choices for Making Health Care Decisions**

- I can make my own health care choices.
- I need some help with making health care choices (Name: \_\_\_\_\_ Consent: \_\_\_\_\_).
- I have a legal guardian (Name: \_\_\_\_\_).
- I need a referral to community services for legal help with health care decisions and guardianship.

**Personal Care**

- I care for my all my needs.
- I care for my own needs with help.
- I am unable to provide self-care, but can direct others.
- I require total personal care assistance.

**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 take care of your own health care and change to adult doctor before age 22?

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 take care of your own health care and change to an adult doctor before age 22?

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.*

	<i>Yes, I know this.</i>	<i>I need to learn.</i>	<i>Someone needs to do this... Who?</i>
I know my medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell other people what my medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do if I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the medicines I take and what they are for, and when I need to take them without someone reminding me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what medicines I should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I am allergic to, including medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help with my health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain to people how my beliefs affect my care choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Using Health Care** *Please check the box that applies to you right now.*

	<i>Yes, I know this.</i>	<i>I need to learn.</i>	<i>Someone needs to do this... Who?</i>
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 I should show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get care when my doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Health Care	<i>Please check the box that applies to you right now.</i>	<i>Yes, I know this.</i>	<i>I need to learn.</i>	<i>Someone needs to do this... Who?</i>
I have a folder at home with my medical information, including my medical summary and emergency care plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a copy of my 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 ask for a form to be seen by other doctors or therapist.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and what to do when I run out of my medicines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get a blood test or x-rays if the doctor orders them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, allergies, medications, and emergency phone numbers).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I am 18 the rules about my health privacy change.		<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"/>
(If applies) I have a plan so I can keep my disability benefits (SSI) after 18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This document should be completed by caregivers of youth with intellectual or developmental disabilities who are under the age of 18 years old in order to assess their youth's readiness to transition to an adult health care provider. If a youth's intellectual or developmental disabilities do not prevent him or her from independently filling out this document, the youth should fill out the youth version of this Transition Readiness assessment form instead.

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

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Are you the main/full-time caregiver?  Yes  No

### Decision-making/Guardianship

- My youth can make my own health care choices.
- My youth needs some help with making health care choices (Name: \_\_\_\_\_ Consent: \_\_\_\_\_).
- My youth has a legal guardian (Name: \_\_\_\_\_).
- My youth/I need a referral to community services for legal help with health care decisions and guardianship.

### Personal Care

- My youth can care for all his/her needs.
- My youth can care for his/her own needs with help.
- My youth is unable to care for himself/herself, but can tell others his/her needs.
- My youth requires help for all his/her needs.

### 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 for your youth to prepare for and change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your youth's ability to prepare for and change to an adult doctor before 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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### Your Youth's Health *Please check the box that applies to you right now.*

Your Youth's Health	Yes, my youth knows this.	My youth needs to learn this.	I need to learn this.
My youth knows his/her medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth can tell other people what his/her medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows what to do if he/she has a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows the medicines he/she takes and what they are for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth can take his/her medicine by himself/herself without a reminder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows what medicines he/she should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows what he/she is allergic to, including medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth can name 2-3 people who can help him/her with his/her health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teen can explain to people how his/her beliefs affect his/her care choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Health Care	<i>Please check the box that applies to you right now.</i>	<i>Yes, my youth knows this.</i>	<i>My youth needs to learn this.</i>	<i>I need to learn this.</i>
My youth knows or can find his/her doctor's phone number.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth makes his/her own doctor appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, my youth thinks about questions to ask.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a way to get to his/her doctor's office.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows he/she should show up 15 minutes before the visit to check in.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows where to get care when his/her doctor's office is closed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a folder at home with his/her medical information, including his/her medical summary and emergency care plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a copy of his/her plan of care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows how to fill out medical forms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows how to ask for a form to be seen by other doctors or therapists.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows where his/her pharmacy is and what to do when he/she runs out of his/her medicines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows where to get a blood test or x-rays if the doctor orders them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth carries health information with him/her every day (e.g. insurance card, allergies, medications, and emergency phone numbers).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth knows when he/she is 18 the rules about his/her health privacy change.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My youth has a plan so he/she can keep his/her health insurance after 18 or older.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>