

Transition Readiness Questionnaire

How well do I manage my own health care?

Please circle Yes or No

1. I know my height, weight, birth date, and social insurance number.	Yes	No
2. I know the name of my condition, can explain my special health care needs, and can tell about my health status.	Yes	No
3. I know who to call in case of an emergency.	Yes	No
4. I ask questions during my medical appointments.	Yes	No
5. I respond to questions from my health care providers.	Yes	No
6. I know what kind of medical insurance I have.	Yes	No
7. I know the names of my medications and what they do.	Yes	No
8. I know how to get my prescriptions refilled.	Yes	No
9. I know where to find my medical records.	Yes	No
10. I have discussed the use of tobacco, alcohol, and drugs with my provider.	Yes	No
11. I have discussed my sexuality issues with my provider.	Yes	No
12. I know how to get birth control and protection from sexually transmitted diseases.	Yes	No
13. I know how to schedule an appointment.	Yes	No
14. I keep a schedule of my medical appointments on a calendar.	Yes	No
15. I can get myself to my medical appointments.	Yes	No
TOTAL # circled for each column	_____	_____

Scoring System

Scoring: If you answered Yes to:

11-15 Statements:

- Super! You are already taking on adult responsibilities. You are ready to transition your health care and should speak with your health care providers about a transition plan.

6-10 Statements:

- You are on your way. You are actively taking on many responsibilities in your health care. Pick a few more responsibilities from the checklist to do for your next appointment. Also, start talking about transitions with your health care providers.

5 Statements or fewer:

- Now is a good time to start taking on more responsibility in your health care. Pick one new responsibility from the checklist and practice it at your next appointment. If you need help, ask a friend, parent, nurse, social worker or doctor.