

Adolescent Transition Readiness Assessment







Health

Health	Things I need to know or do	Will someone else have to do this for me?	I will finish by (date)	Scan this Code with a Smart Phone to Learn More!						
1. I understand my healthcare needs. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
2. I explain my medical needs to others. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
3. I know my symptoms including ones that I quickly need to see a doctor for. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
4. I know what to do in case I have a medical emergency. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
5. I know my own medicines, what they are for, and when I need to take them. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
6. I know my allergies to medicines and medicines I should not take. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
7. I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary). <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
8. I understand how healthcare privacy changes at age 18 when legally an adult. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
9. I can explain to others how my customs and beliefs affect my health care decisions and medical treatment. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO								
How important is it to you to prepare for/transfer to an adult clinician before age 18?										
<input type="radio"/> 0 (NOT Important)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10 (Very Important)
How confident do you feel about your ability to prepare for/transfer to an adult clinician before age 18?										
<input type="radio"/> 0 (NOT Confident)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10 (Very Confident)

Scan here to learn about our Transition Policy!



Adolescent Transition Readiness Assessment

Independent Living	Things I need to know or do	Will someone else have to do this for me?	I will finish by (date)	Scan this Code with a Smart Phone to Learn More!
10. I know or I can find my doctor's phone number. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
11. I make my own doctor appointments. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Before a visit, I think about questions to ask. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
13. I have a way to get to my doctor's office. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
14. I know to show up 15 minutes before the visit to check in. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
15. I know where to go to get medical care when the doctor's office is closed. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
16. I have a file at home for my medical information <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
17. I have a copy of my current plan of care. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
18. I know how to fill out medical forms. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
19. I know to get referrals to other providers. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
20. I know where my pharmacy is and how to refill my medicines. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
21. I know where to get blood work or x-rays if my doctor orders them. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
22. I have a plan so I can keep my health insurance after 18 or older. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		
23. My family and I have discussed my ability to make my own healthcare decisions at age 18. <input type="checkbox"/> YES, I know this <input type="checkbox"/> NO, I need to learn		<input type="checkbox"/> YES <input type="checkbox"/> NO		