

# Transition Readiness Assessment - Youth Age ≥16 years

Please fill out this form to help us understand what you know about your health now, and the areas you may need to learn more about.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Current Age \_\_\_\_\_

<i>Please check the box that applies to you right now.</i>	<i>I am good at this now</i>	<i>I need to learn more</i>	<i>Someone needs to do this... Who?</i>
<b>My health condition</b>			
1. I can explain my health condition to others			
2. I know which symptoms I need to see a doctor for			
3. I know what to do if I have a medical emergency			
4. I know what I am allergic to (food, medication or other)			
5. I carry important health information with me every day (e.g. Medicare card, allergies, medications, emergency contact information, medical summary)			
6. I know how alcohol, drugs and tobacco affect my medications and my health			
7. I know how my condition might affect my health in the future			
<b>My medications</b>			
8. I know all of their names			
9. I know what they're for			
10. I know their side effects			
11. I take my medication on my own			
12. I have a way to help me remember to take them			
13. I know that other medications may interact with my usual medication			
14. I know how to refill my medicines			
15. I know how my medication insurance will work after I turn 18			
<b>Using Health Care</b>			
16. I know how to contact my doctor or nurse			
17. I make my own doctor appointments			
18. I have a way to keep track of my appointments			
19. Before a visit, I think about questions to ask and I write them down			
20. I spend some time alone with my doctor or nurse at each visit			
21. I talk to my doctor or nurse about how my health condition affects my life			
22. I know where to go for medical care when the doctor's office is closed			
23. I know where to go for blood tests or x-rays if my doctor orders them			
24. I have a file at home for my medical information (medications, health summary, test results, current plan of care)			
25. I know how to fill out medical forms			
26. I know the kinds of healthcare providers I will need to see as an adult			

<i>Please check the box that applies to you right now.</i>	YES	Somewhat	NO	Questions/Comments
<b>Your Health Condition and You</b>				
27. I understand the risks and benefits of health care treatments before I agree				
28. I know I am entitled to confidentiality				
29. I have people available to help me in managing my condition;				
30. If yes, who are they?				
31. I hang out with friends who are good to me				
32. Sometimes I feel sad, anxious or hopeless				
33. I have difficulty sleeping				
34. I talk to my family or friends about my worries				
35. I connect with others who have the same health condition as me				
36. I make good food choices and am at a healthy weight				
37. I know where to get information about healthy relationships, sexual orientation, gender identity and birth control				
38. I know how to prevent sexually transmitted infections (STIs)				
39. I am involved in clubs, groups, sports or other activities				
40. I participate in physical activities that are safe for me				
41. I know if I have any driving restrictions				
42. I know how to use public transportation				
43. I have a job and/ or do volunteer work				
44. I help at home (e.g. clean my room, help prepare meals, clean up after meals, other chores)				
45. I go to school				
46. I have teachers/others I talk to about my school strengths and challenges				
47. I have ideas or plans for after high school				
48. I know how my health condition might affect my career choices				
49. I know there is planning to do around my health before I go to college, work or travel				
50. I know how to get information about scholarships, bursaries and/or career counselling				
51. I know that colleges and universities have services for students with special needs				
52. Questions?				

<b>Transition Importance and Confidence</b>				
<i>Please circle the number that best describes how you feel right now, on a scale of 0 to 4.</i>				
How <b>important</b> is it for you to start preparing <u>now</u> for your change to an adult doctor? (This change will happen when you turn 18.)				
0 NOT Important	1	2	3	4 VERY Important
How <b>confident</b> do you feel <u>right now</u> about changing to an adult doctor?				
0 NOT Confident at all	1	2	3	4 VERY Confident