



THE COORDINATING CENTER  
INSPIRED SOLUTIONS

# Pediatric to Adult Care Transition Tools

# Transition Readiness Assessment for Youth and Young Adults



Please fill out this form completely to help us see what you already know about your health and how to use health care **today**. If you think an item does not apply to you, check "This does not apply to my health care." If you need help completing this form, please ask your parent, caregiver or Clinical Care Coordinator.

**If you can complete this form, even if you need some help, your parent or caregiver should also complete Parent/Caregiver Transition Readiness Assessment "A".**

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- 1. I am over 18 and I independently manage all of my health care needs.
- 2. I am over 18 and I do not want anyone else to fill out a Parent/Caregiver Transition Readiness Assessment about my skills.

### Help Needed Filling Out This Form

- 3. I can fill out this form without help.
- 4. I can fill out this form with some help. (Helper name: \_\_\_\_\_ Type of help: \_\_\_\_\_)
- 5. The youth is unable to fill out this form due to intellectual or developmental disability. Parent or caregiver, please stop filling out this youth assessment now and instead complete **Parent/Caregiver Transition Readiness Assessment "B"**.

### Legal Choices for Making Health Care Decisions After Age 18

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

### Transition and Self-Care Importance and Confidence

*On a scale of 0 to 10, circle the number that best describes how you feel right now. 0 is not at all important or confident and 10 is very important or confident.*

10. How important is it to you to manage your own health care?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
11. How important is it to you to change to an adult primary care provider before age 22?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
12. How confident do you feel about your ability to manage your own health care?	0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
13. How confident do you feel about your ability to change to an adult primary care provider before age 22?	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.*

Managing Health Issues	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to my health care
14. I know how to manage all of my medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I can tell others what all of my medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I know when to call the doctor for new or worsening health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I know what to do if I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Medications	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to my health care
18. I can list all of the medications I take and their dosages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I can tell others the reason I take each of my medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I take all my medicines correctly without someone reminding me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I know all of the medications I am allergic to and those I should not take for any other reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I get all of my prescriptions filled on my own when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Managing Appointments	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to my health care
23. I schedule all of my own medical appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I keep track of all of my own doctor's appointments, including follow-ups and referrals for diagnostic testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I know how often I should see each of my providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I know how to arrange transportation to all of my medical appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Equipment and Supplies	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to my health care
27. I can order all of my medical supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I know all of the medical equipment I need, such as a nebulizer or feeding pump.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I know all of the assistive devices I need, such as mobility or communication aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I have back-up plans if my medical equipment breaks down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Provider Relationships	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to my health care
31. I know all of my doctors and other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I know how to reach each of my doctors in between visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I know how to choose providers willing to accommodate my needs and preferences, such as for gender, language or cultural beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I am comfortable seeing my doctor all by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Before a visit, I always make a list of all of the things I want to discuss about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am comfortable asking my provider any question about my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I always make a plan with my doctor to care for all of my health care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Important Paperwork	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	This does not apply to my health care
38. I carry all of my important health information with me at all times, including my health insurance card, list of allergies and medications, medical summary and emergency contact numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I can completely fill out my medical history form by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I understand how the legal changes in health care privacy and consent that happen when I turn 18 affect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. My family and I have discussed my ability to make all of my own health care decisions at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I have a plan so I can keep my health insurance and disability benefits after I turn 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**One last thing - please choose the top 3 issues you want to work on first, and number them in order of importance.**

**THANK YOU!**

**Clinical Care Coordinator Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Based on transition tools from © Got Transition™/Center for Health Care Transition Improvement, 01/2014 and The American College of Physicians Pediatric to Adult Care Transitions Toolkit, 5/2016.