



## Transition Readiness Assessment

*Please complete the questions below as honestly as you can. Your answers will not affect your care, and they will help us to better care for you. Your answers will help your care team understand what information would be helpful to prepare you to start getting medical care from an adult primary care provider.*

How ready do you feel to transfer your medical care to an adult primary care provider before you turn 22? (1= not ready, 10= completely ready)

1      2      3      4      5      6      7      8      9      10

If you feel comfortable, please write the reason why you chose this number for your rating:

### ***My Health Knowledge***

1. I know my medical problems or diagnoses and feel comfortable explaining them to others.

Yes, I know              I need to learn this              Someone does this for me              N/A

2. I know the name of the medicines I take, what they are for, and when I need to take them.

Yes, I know.              I need to learn this.              Someone does this for me.              N/A

3. I know my allergies to medicines and/or foods (if any).

Yes, I know              I need to learn this.              Someone does this for me.              N/A

4. I carry my own health information with me every day (like my insurance card, emergency contact information, list of allergies, etc.).

Yes, I know.              I need to learn this.              Someone does this for me.

5. I can explain to others how my culture, religion and/or beliefs affect my decisions about medical treatment.

Yes, I know.              I need to learn this.              Someone does this for me.              N/A



***Using the Health Care System***

1. I know the location and phone number of my health care provider's office.

Yes, I know.            I need to learn this.            Someone does this for me.

2. I make my own medical appointments and know how to change or cancel appointments.

Yes, I know.            I need to learn this.            Someone does this for me.

2b. At this time, how comfortable do you feel making a medical appointment? (1=not comfortable at all, 10=completely comfortable)

1            2            3            4            5            6            7            8            9            10

3. I know the name and location of my pharmacy and how to get medicine refills.

Yes, I know.            I need to learn this.            Someone does this for me.

4. I know if and when my insurance will expire after I turn 18.

Yes, I know.            I need to learn this.            Someone does this for me.            N/A

5. I know that I will be making my own health care decisions after I turn 18 but can ask others I trust for help (such as my parents or medical team).

Yes, I know.            I need to learn this.            Someone does this for me.

**Are there any questions or concerns you would like to discuss with your provider?**