

Subject Number: \_\_\_\_\_ Date \_\_\_\_\_ Person Completing Survey: \_\_\_\_\_

Transition Readiness Assessment Questionnaire 4.1
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**Direction:** We would like to know how you describe your skills in the areas that are important in your care. Your answers will help us provide services and education that will be important in preparing you to transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private. Please check the box ☒ that you feel best describes you.

	Not needed for my care	No, I do not know how	No, I do not know how but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
<b>Skills for Chronic Condition Self-Management</b>						
1. Do you fill a prescription if you need to?						
2. Do you know what to do if you are having a bad reaction to your medications?						
3. Do you pay or arrange payments for your medications?						
4. Do you take medications correctly and on your own?						
5. Do you reorder medications before they run out?						
6. Do you take care of your medical equipment and supplies?						
7. Do you call the suppliers when there is a problem with the equipment?						
8. Do you order medical equipment before they run out?						
9. Do you arrange payment for the medical equipment and supplies?						
10. Do you call the doctor's office to make an appointment?						
11. Do you follow-up on any referral for tests or check-ups or labs?						
12. Do you arrange for your ride to medical appointments?						
13. Do you call the doctor about unusual changes in your health (For example: Allergic reactions)?						
14. Do you apply for health insurance if you lose your current coverage?						
15. Do you know what your health insurance covers?						
16. Do you manage your money & budget household expenses (For example: use checking/debit card)?						

	<b>Not needed for my care</b>	<b>No, I do not know how</b>	<b>No, I do not know how but I want to learn</b>	<b>No, but I am learning to do this</b>	<b>Yes, I have started doing this</b>	<b>Yes, I always do this when I need to</b>
<b>Skills for Self-Advocacy and Health Care Utilization</b>						
17. Do you fill out the medical history form, including a list of your allergies?						
18. Do you keep a calendar or list of medical and other appointments?						
19. Do you tell the doctor or nurse what you are feeling?						
20. Do you answer questions that are asked by the doctor, nurse or clinic staff?						
21. Do you ask questions of the doctor, nurse or clinic staff (For example: What medications or treatments are best for you)?						
22. Do you make a list of questions before the doctor's visit?						
23. Do you request the accommodations & support you need at school or work?						
24. Do you apply for a job or work or vocational services?						
25. Do you get financial help with school or work						
26. Do you help plan or prepare meals/food?						
27. Do you keep home/room clean or clean-up after meals?						
28. Do you use neighborhood stores and services (For example: Grocery stores and pharmacy stores)?						
29. Do you use community support services (For example: After school programs) or advocacy services (For example: Legal services) when you need them?						