



Parent Transition Survey

Please fill out this form to help us see what your child already knows about his or her health and the areas that you think he/she needs to learn more about. After you complete the form, compare your answers with the form your child has complete. Your answers may be different. We will help you work on some steps to increase your child's health care skills.

Date:

Name:

Date of Birth:

Transition Importance and Confidence *On a scale of 0 to 10; please circle the number that best describes how you feel right now.*

How important is it for your child to prepare for/change to an adult doctor before age 22?										
0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
How confident do you feel about your child's ability to prepare for/change to an adult doctor?										
0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

My Health	<i>Please check the box that applies to your child right now.</i>	Yes, he/she knows this	He/she needs to learn	Someone needs to do this... Who?
My child knows his/her medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child can explain his/her medical needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her symptoms including ones that he/she quickly needs to see a doctor for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what to do in case he/she has a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her own medicines, what they are for, and when he/she needs to take them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows his/her allergies to medicines and medicines he/she should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, and medical summary).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows he/she can see a doctor alone as I wait in the waiting room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child understands how health care privacy changes at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Health Care				
My child makes his/her own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, my child thinks about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a way to get to his/her doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows to show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to go to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a file at home for his/her medical information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a copy of his/her current plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to get referrals to other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where his/her pharmacy is and how to refill his/her medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to get blood work or x-rays if his/her doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a plan to keep his/her health insurance after ages 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I have discussed his/her ability to make his/her own health care decisions at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I have discussed a plan for supported decision-making, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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