**TRANSITION READINESS CHECKLIST**

**LATE TRANSITION (17 YEARS and older)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  | **DOMAINS** | **COMMENTS** |
| --- | --- | --- |
| **MY TRANSPLANT**  |
| 1. | I know why I needed to have a transplant and I can name my disease/condition that required transplantation | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 2. | I know what rejection is, how my healthcare provider will check for rejection, and how it would be treated. | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 3. | I know why it is important to get my labs checked routinely. | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 4. | I have a personal health record (hard copy or electronic).  | * I have a personal health record
* I have some information
* I’m not sure
* I don’t know anything about this
 |
| **MY MEDICATIONS** |
| 5. | I can list each of my medications, why I take each medication, the dose, and the time I take the medication.  | * I can do this for all my meds
* I can do this for most meds
* I can do this for a couple meds
* I cannot do this at all
* This does not apply to me
 |
| 6. | I can list the most common side effects of each of my medications.  | * I can do this for all my meds
* I can do this for most meds
* I can do this for a couple meds
* I cannot do this at all
* This does not apply to me
 |
| 7. | I independently keep track of my medications and update any changes through an organized method (*app, on my phone, hard copy, and/or communicating with my health care provider*). | * I do this
* I do this sometimes
* I never do this
* This does not apply to me
 |
| 8. | I independently contact my pharmacy for medication refills before I run out of medication. | * I do this
* I do this sometimes
* I never do this
* This does not apply to me
 |
| **ADHERENCE** |
| 9. | I usually take my medications every day and on time.  | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| 10. | I take my medications independently without any supervision by my parents/guardians.  | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| 11. | I have an organized routine for taking my medications (*pill container, phone alarms, other reminders)* | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| 12. | I get my labs drawn routinely as requested by my healthcare provider. | * I always do this
* I sometimes do this
* I never do this
* I’m not sure
* This does not apply to me
 |
| **RISKY BEHAVIORS** |
| 13. | I know that smoking, drinking and/or taking street drugs are behaviors that can affect everyone’s health and why these behaviors are more unsafe for me because I had a transplant. | * I know this
* I know some things about this
* I don’t know anything about this
* I’m not sure
 |
| 14. | If I am with a group of friends and there is some drinking or drug activity going on, I have a plan for what to do so that I do not get involved in these behaviors. | * I have plan
* I have some ideas of what to do
* I don’t know anything about this
* I’m not sure
 |
| **MANAGING MY HEALTH: WHAT I DO TO STAY HEALTHY** |
| 15. | I live a healthy lifestyle and do things to stay healthy. | * I always do this
* I sometimes do this
* I never do this
* I’m not sure
 |
| 16. | I know what foods I should not eat because I had a transplant and why I should avoid them. | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 17. | I know that sun exposure can lead to skin problems in transplant patients and I can list ways to protect my skin from the sun. | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 18. | I know what over-the-counter medications I should not take because I have had a transplant and why I should avoid them. | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 19. | If I have questions about my health, medications, or medical care, I know who I should call for advice. | * I agree
* I somewhat agree
* I disagree
 |
| 20. | I independently keep track of my health information (labs, appointments, medication changes, procedures). | * I always do this
* I sometimes do this
* I never do this
 |
| **MANAGING MY HEALTH CARE NEEDS (SELF-ADVOCACY)** |
| 21. | I independently contact my health care providerto check my labs, ask about medications, or to make appointments. | * I always do this
* I sometimes do this
* I never do this
 |
| 22. | I meet with my health care provider by myself for appointments and I discuss my health, medical needs and questions with him/her.  | * I always do this
* I sometimes do this
* I never do this
 |
| 23. | I am able to complete a personal medical history form if asked to do this *(i.e. first appointment with a new physician, going to an ER)* | * I can do this
* I can sometimes do this
* I never do this
* I’m not sure if I could do this
 |
| 24. | I have a plan for my health care needs if I am traveling away from home or if there was an emergency situation (i.e. earthquake, flooding, hurricane)?  | * I have a plan
* I have some ideas of what to do
* I do not know what to do
 |
| 25. | I know how to get a referral for an adult health care provider when I am ready to transfer to adult care. | * I know how to do this
* I know some things about this
* I don’t know anything about this
 |
| **REPRODUCTIVE HEALTH** |
| 26. | **Females:** Having a transplant may affect my ability to have a baby and may also affect the unborn baby’s health during pregnancy. I know what medications may be harmful to the developing baby. **Males:** Having a transplant may affect my ability to father a child. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
* This does not apply to me
 |
| 27. | I know my best options for birth control if/when I become sexually active. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
* This does not apply to me
 |
| 28. | I know what sexually transmitted infections (STI) are, my risk of getting an STI, and how to prevent getting an STI.  | * I agree
* I somewhat agree
* I disagree
* I’m not sure
* This does not apply to me
 |
| **SCHOOL/WORK** |
| 29. | I attend school and/or work regularly and usually don’t miss many days due to illness. | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| 30. | I have plans for my future (school, career, employment, family).  | * I agree
* I somewhat agree
* I disagree
 |
| **MY SUPPORT SYSTEM** |
| 31. | I have someone to contact when I need to talk or need help with a problem.  | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| 32. | I participate in activities at my school or in my community with family and/or friends. | * I always do this
* I sometimes do this
* I never do this
 |
| **HOW I FEEL ABOUT MYSELF** |
| 33. | I have concerns about my health because I had a transplant.  | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| 34. | I have concerns about my future because I had a transplant.  | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| **PAYING FOR MY HEALTH CARE** |
| 35. | I can name my current health care insurance provider.  | * I know this
* I know some things about this
* I don’t know anything about this
 |
| 36. | I have a current insurance card and can access my insurance information (ID number, phone numbers to call for questions) when I need it. | * I agree
* I somewhat agree
* I disagree
 |
| 37. | I know what “out-of-pocket expenses” are and what expenses I have to pay.  | * I know this
* I know some things about this
* I don’t know anything about this
* I’m not sure
 |
| 38. | I know how old I will be when I will no longer be covered by my parent/guardian’s insurance and how to get information about getting my own insurance. | * I know this
* I know some things about this
* I don’t know anything about this
* I’m not sure
 |