** TRANSITION READINESS CHECKLIST**

**MIDDLE TRANSITION (14-16 YEARS)**

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

|  | **DOMAINS** | **COMMENTS** |
| --- | --- | --- |
| **MY TRANSPLANT** | | |
| 1. | I know why I needed to have a transplant. | * I know this * I know some things about this * I don’t know anything about this |
| 2. | I know what rejection is and how my healthcare provider checks to see if I have rejection. | * I know this * I know some things about this * I don’t know anything about this |
| 3. | If I had rejection, I know what would be done to treat the rejection. | * I know this * I know some things about this * I don’t know anything about this |
| **MY MEDICATIONS** | | |
| 4. | I can name all my medications and I know why I take them, the dose of each medication and the times I take them. | * I can do this * I can name most of my meds * I can name a couple of my meds * I cannot do this * This does not apply to me |
| 5. | 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 |
| 6. | I keep a list of my medications with me. *(cell phone, wallet)* | * I keep a list * I do not keep a list * This does not apply to me |
| 7. | I know the name of the pharmacy where I get my medications. | * I know this * I don’t know this * This does not apply to me |
| **ADHERENCE** | | |
| 8. | I usually take my medications every day and on time. | * I agree * I somewhat agree * I disagree * This does not apply to me |
| 9. | I take my medications independently without help from my parents/guardians. | * I agree * I somewhat agree * I disagree * This does not apply to me |
| 10. | I have a routine or method for taking my medications (*alarms, an app pill container, med list, parent/guardian reminds me).* | * I agree * I somewhat agree * I disagree * This does not apply to me |
| 11. | I get my labs checked routinely (every month, every other month) as requested by my health care provider. | * I agree * I somewhat agree * I disagree * This does not apply to me |
| **RISK TAKING BEHAVIORS** | | |
| 12. | Smoking, drinking and taking drugs are behaviors that affect everyone’s health, but they are more unsafe for me because I had a transplant. | * I agree * I somewhat agree * I disagree * I’m not sure |
| **MANAGING MY HEALTH: WHAT I DO TO STAY HEALTHY** | | |
| 13. | I do things to stay healthy like exercising, eating well, and taking my medications. | * I always do this * I sometimes do this * I never do this * This does not apply to me |
| 14. | I know the foods I should not eat because I had a transplant and I know why I should avoid eating them. | * I know this * I know some things about this * I don’t know anything about this |
| 15. | I know that being out in the sun a lot may cause skin problems in some transplant patients and I know how to protect my skin from the sun. | * I know this * I know some things about this * I don’t know anything about this |
| 16. | I know the over-the-counter medications I should avoid because I had a transplant and I know why I should not take them. | * I know this * I know some things about this * I don’t know anything about this |
| **MANAGING MY HEALTH CARE NEEDS (SELF-ADVOCACY)** | | |
| 17. | I call my health care provider or transplant coordinator to check my labs, ask about medications, or make appointments. | * I always do this * I sometimes do this * I never do this |
| 18. | I keep track of my medical appointments by using a calendar, an app, or on my phone or another device. | * I always do this * I sometimes do this * I never do this |
| 19. | I talk to my health care provider during my appointments without my parent/guardian in the room for at least part of the time. | * I always do this * I sometimes do this * I never do this |
| 20. | I know whom to ask to get a copy of my medical records or a summary of my medical history. | * I know this * I know some things about this * I don’t know anything about this |
| 21. | My parents/guardians and I have a plan for my health care needs when I travel or if there was an emergency (i.e. earthquake, flooding, hurricane). | * I agree * I somewhat agree * I disagree * I don’t know |
| **MY REPRODUCTIVE HEALTH** | | |
| 22. | **Girls:** Having a transplant may affect my ability to have a baby when I am older and may affect the unborn baby’s health during pregnancy.  **Boys:** Having a transplant may affect my ability to father a child when I am older. | * I agree * I somewhat agree * I disagree * I’m not sure |
| 23. | I know my options for birth control if/when I become sexually active. | * I know this * I know some things about this * I don’t know anything about this * This does not apply to me |
| 24. | I know what sexually transmitted infections (STI) are and how to protect myself from getting an STI. | * I know this * I know some things about this * I don’t know anything about this * This does not apply to me |
| **GOING TO SCHOOL** | | |
| 25. | I attend school regularly and usually don’t miss many days due to illness. | * I agree * I somewhat agree * I disagree * This does not apply to me |
| 26. | I have some concerns about school - like my grades, my friends or my behavior. | * I agree * I somewhat agree * I disagree * This does not apply to me |
| 27. | I have been thinking about what I might want to do after high school. | * I agree * I somewhat agree * I disagree |
| **MY SUPPORT SYSTEM** | | |
| 28. | I have someone to call/contact when I need someone to talk to or need help with a problem. | * I agree * I somewhat agree * I disagree |
| 29. | I participate in activities in my school or community with my family or friends. | * I always do this * I sometimes do this * I never do this |
| **HOW I FEEL ABOUT MYSELF** | | |
| 30. | Sometimes I worry about my health because I had a transplant. | * I agree * I somewhat agree * I disagree |
| **PAYING FOR MY HEALTH CARE** | | |
| 31. | I know the name of my health insurance provider. | * I know this * I know some things about this * I don’t know anything about this * This does not apply to me |
| 32. | I know when my insurance coverage will change when I get older. | * I know this * I know some things about this * I don’t know anything about this * This does not apply to me |