Pediatric to Adult Care Transitions Tools

Transition Readiness Assessment for Parents of *Youth with Congenital Heart Disease*

Please fill out this form to help us see what you already know about your health, using health care, and areas that you need to learn more about. If you need help completing this form, please let us know.

Today's Date (mm/dd/yyyy):

Child's Name (Last/First): **Date of Birth (mm/dd/yyyy):**

Transition and Self-Care Importance and Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*										
Please rate how confident you feel about your child taking charge of his/her heart health care										
0 (Not)	1	2	3	4	5	6	7	8	9	**10 (Very)**
Please rate how confident you feel about your child moving to adult-focused heart care										
0 (Not)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10 (Very)**

My Child's Health *Please check the box that applies* ***My Child:***	*Yes, he/she knows this*	*He/she needs to learn more*	*Not applicable*
can name and/or describe his/her heart condition	☐	☐	☐
can name and/or describe the cardiac surgeries or procedures he/she has had	☐	☐	☐
knows the names and doses of his/her medications and when to take them	☐	☐	☐
Knows his/her allergies to medications	☐	☐	☐
knows or can find the name and contact information for his/her heart doctor (cardiologist)	☐	☐	☐
knows he/she needs life-long heart care from a congenital heart disease specialist	☐	☐	☐
knows he/she needs to maintain health insurance throughout his/her life	☐	☐	☐

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Using Health Care ***Please check the box that applies.*** ***My Child:***	*Yes, he/she knows this*	*He/she needs to learn more*	*Not applicable*
feels comfortable asking his/her doctor or nurse questions about his/her health	☐	☐	☐
answers his/her doctor's or nurse's questions on his/her own	☐	☐	☐
Can think about questions to ask before a visit	☐	☐	☐
Knows to ask his/her doctor or nurse for recommendations if he/she needs to see other doctors	☐	☐	☐
takes part in making choices about his/her health care	☐	☐	☐
knows how to refill his/her medications	☐	☐	☐
knows what to do in case he/she has a medical emergency	☐	☐	☐
knows how to contact his/her health insurance company with questions or concerns	☐	☐	☐
has a paper or electronic file for his/her medical information	☐	☐	☐
understands how health care privacy changes for adults (age 18)	☐	☐	☐
carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary)	☐	☐	☐