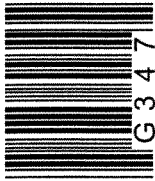




THE HOSPITAL FOR SICK CHILDREN



IG 3 4 7 1

LAST NAME (FIRST)

Transition Readiness Checklist – PARENT version

DATE OF BIRTH SEX MRN

YY – MM DD

ADDRESS

Good 2 Go Transition Program Division of Adolescent Medicine

Child's health condition:

Clinic:

Completed by:

Check one: Mother Father Other

Instructions: Please complete the following checklist using the scales below. There are no right or wrong answers. Try to answer every question. There is a section to add comments on the next page.

IMPRINT OR ENTER DETAILS BY HAND

Table with 7 columns: Statement, Never does this, Rarely does this, Sometimes does this, Always does this, Does not apply. 13 rows of statements related to health care involvement.

		Does not know about this	Knows a bit about this (but needs to learn a lot more)	Knows some of this (but needs to learn some more)	Knows most of this (but still needs to learn more)	Knows all about this	Does not apply to my child
	<i>For each of the following statements, select one response that best suits your view:</i>						
14.	My child knows the names of his/her medications and/or treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
15.	My child knows what his/her medications and/or treatments are for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
16.	My child knows how his/her medications and/or treatments are paid for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
17.	My child knows what his/her health condition may bring in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
18.	My child knows he/she has the right to get information about his/her health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
19.	My child knows the kinds of health-care providers he/she will need to see as an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
20.	My child understands how his/her condition will affect the way he/she develops through puberty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
21.	When my child gets sick, he/she knows how to get the help he/she needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
22.	My child knows how to schedule a health-care appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

		No	Somewhat	Yes	Comments
	<i>For each of the following statements, select one response that best suits your view:</i>				
23.	My child has supports (for example, family, friends or community members) available to help him/her in managing his/her condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	My child hangs out with friends who support him/her or are good to him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	My child is am involved in clubs, groups, sports or activities that he/she likes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	My child is attending school regularly or has a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please include any comments or questions about any of the items in the space below:					



Adapted from "Setting the Trac- A Resource for Health Care Providers " ©2000 On-Trac—A Transition Service at Children's & Women's Health Centre of British Columbia. Further revisions based on "Self-Management Skills Assessment Guide " of the Alberta Children's Hospital (Williams, Sherman, Dunsieith et al., 2010)