|  |  |  |
| --- | --- | --- |
| Date: | Name: | Date of Birth: |
| Transition and Self-Care Importance and Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel now* | | |

|  |
| --- |
|  |
| How important is it to you to manage your own health care?   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |   How confident do you feel about your ability to manage your own health care?   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) | |
| How confident do you feel about preparing for/changing to an adult doctor before the age of 22? Not Applicable   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) | |



**American Society of Hematology**

**General Hematology Transition Readiness Assessment Template**

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you want to learn more about. If you need help completing this form, please ask your parent/caregiver.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My Health ***Please check the box that applies to you right now.*** | No, I do not know | No, but I am learning to do this | Yes, I have started doing this | Yes, I always do this when I need to |
| Disease Knowledge | | | | |
| I know the different names for my medical condition. |  |  |  |  |
| I know my medical needs and can explain them to others. |  |  |  |  |
| I know what a hematologist is and why I go to one. |  |  |  |  |
| I know what to do in case of a medical emergency. |  |  |  |  |
| I know how to get blood work and x-rays. |  |  |  |  |
| Medication Management | | | | |
| I am not on medication Yes If checked, skip this section | | | | |
| I know what my medications are for. |  |  |  |  |
| I know the names and doses of my medications. |  |  |  |  |
| I take my medications without help. |  |  |  |  |
| I fill prescriptions before they run out. |  |  |  |  |
| Appointments | | | | |
| I make my own doctors’ appointments. |  |  |  |  |
| I know where to go to get medical care when the doctor’s office is closed. |  |  |  |  |
| I can fill out a medical history form. |  |  |  |  |
| I keep track of my own medical information. |  |  |  |  |
| I have a copy of my treatment plan. |  |  |  |  |
| I keep track of my medical and other appointments. |  |  |  |  |
| I make a list of questions before my doctors visits. |  |  |  |  |
| I answer questions on my own during medical visits. |  |  |  |  |
| I arrange my own transportation to medical appointments. |  |  |  |  |
| Insurance | | | | |
| I carry my own insurance card. |  |  |  |  |
| I understand my insurance plan. |  |  |  |  |
| Privacy Information | | | | |
| I understand how health care privacy changes at age 18, when I am legally an adult. |  |  |  |  |