**TRANSITION READINESS CHECKLIST**

**EARLY TRANSITION (11-13 YEARS)**

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

|  | **DOMAINS** | **COMMENT** |
| --- | --- | --- |
| **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 health care provider checks to see if I have rejection. | * I know this
* I know some things about this
* I don’t know anything about this
 |
| **MY MEDICATIONS** |
| 3. | I can name all my medications and I know why 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
 |
| **ADHERENCE** |
| 4. | I usually take my medications every day and on time. | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| 5. | I take my medications by myself every day. | * I always do this
* I sometimes do this
* I never do this
* This does not apply to me
 |
| 6. | My parents/guardians give me my medications every day. | * They always do this
* They sometimes do this
* They never do this
* This does not apply to me
 |
| **RISK TAKING BEHAVIORS**  |
| 7. | Smoking, drinking alcohol or taking street drugs are behaviors that can be more harmful for someone who has had a transplant. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| **MANAGING MY HEALTH: WHAT I DO TO STAY HEALTHY** |
| 8. | I do things to stay healthy like exercising and playing, eating well, and taking my medications. | * I always do this
* I sometimes do this
* I never do this
 |
| 9. | I can list the foods I should not eat because I had a transplant. | * I agree
* I somewhat agree
* I disagree
 |
| 10. | I know that being out in the sun a lot can lead to 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
 |
| **MANAGING MY HEALTH CARE NEEDS (SELF-ADVOCACY)** |
| 11. | My parents/guardians and I talk about my healthcare, particularly when there are changes in my medications or how I am feeling. | * We always do this
* We sometimes do this
* We never do this
 |
| 12. | I talk to my health care provider for at least a couple minutes about how I feel when I see him/her for my check-ups. | * I always do this
* I sometimes do this
* I never do this
 |
| 13. | I know my parent/guardians’ plan to have my medications in case of an emergency situation like an earthquake or hurricane. | * I know this
* I know some things about this
* I don’t know anything about this
* This does not apply to me
 |
| **MY REPRODUCTIVE HEALTH**  |
| 14. | **Girls:** I think that having a transplant may affect my ability to have a baby when I am older. **Boys:** I think that having a transplant may affect my ability to father a child when I am older. | * I agree
* I somewhat agree
* I disagree
* I don’t know
* This does not apply to me
 |
| **GOING TO SCHOOL/MY FUTURE** |
| 15. | I go to school every day. | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| 16. | I have some worries about school - like my grades, my friends or my behavior. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
* This does not apply to me
 |
| 17. | I am starting to think about what I might like to do when I am older. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| **MY SUPPORT SYSTEM** |
| 18. | I have someone to call/contact when I need to talk or need help. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| 9. | I like to participate in activities in my school and community with my family or friends.  | * I agree
* I somewhat agree
* I disagree
* This does not apply to me
 |
| **HOW I FEEL ABOUT MYSELF** |
| 20. | I worry about how I am doing because I had a transplant. | * I agree
* I somewhat agree
* I disagree
* I’m not sure
 |
| **PAYING FOR MY HEALTHCARE** |
| 21. | I know that insurance helps pay for medications and health care. | * I know this
* I know some things about this
* I don’t know anything about this
 |