



**CYSTIC FIBROSIS READINESS TO 'GRADUATE' TO ADULT CF CLINIC**  
**QUESTIONNAIRE**  
**(Developed by Anna Gravelle, RN, MSN, 2007)**

*This questionnaire should be administered to a CF youth before their actual transfer to the adult CF clinic. It may be administered at their final pediatric clinic appt. with a copy given to the adult CF clinic, and/or in a patient's 17<sup>th</sup> year (as a means of evaluating what further transition work still needs to be done).*

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|--|------------------------------|-----------------------------|-----------------------------------|
| 1. I am comfortable meeting with health care providers on my own?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 2. I am able to answer basic questions about CF, if asked (eg. by an employer or friend)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 3. I can tell you which germs (if any) usually grow in my lungs?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 4. I can provide basic information about my health history (eg. how often I come to CF clinic; how often I am admitted to hospital, and for what main reason)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 5. I am able to ask questions of clinic staff, and seek information about my health condition and/or treatment options?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 6. I know the names & proper dosages of all of my medications?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 7. I am able to discuss CF with a friend?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 8. I have a basic understanding of how to fill a prescription?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |

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|---|------------------------------|-----------------------------|-----------------------------------|
| 9. I understand why tests are done at clinic (eg. pulmonary function tests; sputum specimen)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 10. I understand how CF may affect my ability to have children?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 11. I know about my options for birth control, or where to access this information?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 12. I have set goals for when I finish high school?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 13. I understand how CF might affect my choice of careers?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 14. I have thought about future medical insurance benefits?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 15. I am fully independent in my physio.?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 16. I can plan a healthy CF meal?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |
| 17. I know which adult CF clinic I will attend, and when this transfer will happen?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Somewhat <input type="checkbox"/> |

Date questionnaire completed: \_\_\_\_\_

Age of youth: \_\_\_\_\_ years

Date/Expected Date of Final pediatric clinic appointment: \_\_\_\_\_