## 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 17th year (as a means of evaluating what further transition work still needs to be done).

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
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<tbody>
<tr>
<td>1. I am comfortable meeting with health care providers on my own?</td>
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<td>2. I am able to answer basic questions about CF, if asked (eg. by an employer or friend)</td>
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<td>3. I can tell you which germs (if any) usually grow in my lungs?</td>
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<td>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)?</td>
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<td>5. I am able to ask questions of clinic staff, and seek information about my health condition and/or treatment options?</td>
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<td>6. I know the names &amp; proper dosages of all of my medications?</td>
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<td>7. I am able to discuss CF with a friend?</td>
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<td>8. I have a basic understanding of how to fill a prescription?</td>
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9. I understand why tests are done at clinic (eg. pulmonary function tests; sputum specimen)?
   - Yes
   - No
   - Somewhat

10. I understand how CF may affect my ability to have children?
    - Yes
    - No
    - Somewhat

11. I know about my options for birth control, or where to access this information?
    - Yes
    - No
    - Somewhat

12. I have set goals for when I finish high school?
    - Yes
    - No
    - Somewhat

13. I understand how CF might affect my choice of careers?
    - Yes
    - No
    - Somewhat

14. I have thought about future medical insurance benefits?
    - Yes
    - No
    - Somewhat

15. I am fully independent in my physio.?
    - Yes
    - No
    - Somewhat

16. I can plan a healthy CF meal?
    - Yes
    - No
    - Somewhat

17. I know which adult CF clinic I will attend, and when this transfer will happen?
    - Yes
    - No
    - Somewhat

Date questionnaire completed: ______________________________

Age of youth: _______ years

Date/Expected Date of Final pediatric clinic appointment: ____________

This questionnaire was developed based on the Adolescent Transition Care clinical framework from On TRAC ©