

Am I ON TRAC? For Adult Care Questionnaire
A Youth Readiness Questionnaire for Youth 12-19 years of age
Parent Version of Questionnaire

Developed by BC Children's Hospital
ON TRAC Transition Initiative

Validated in partnership with UBC School of Nursing

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This questionnaire has been designed to be used every year, in conjunction with the Am I ON TRAC? Youth Version, with parents who have youth with chronic health conditions and/ or disabilities - to assess their perceptions of their youth's progress towards readiness to transfer to adult health care services. While the instrument is available for use for free, we would appreciate being informed should you choose to use it, so that we can track its usefulness, and can inform you of any refinements or enhanced versions as they become available.

Suggested citation for the tool itself:

Paone M., Moynihan M., Whitehouse S., Saewyc E. (2012). Am I ON TRAC for Adult Care? Youth readiness questionnaire - Parent Version, 2012 version. British Columbia Children's Hospital, Vancouver, BC, Canada.

Suggested citation for validation:

Moynihan, M., Saewyc, E., Whitehouse, S., Paone, M., & McPherson, G. Assessing readiness for transition from paediatric to adult health care: Revision and psychometric evaluation of the Am I ON TRAC for Adult Care Questionnaire. *Journal of Advanced Nursing*, 71 (6), 1324-1355. DOI: 10.1111/jan.12617

For updated information on readiness tools and testing visit Projects section – www.ontrac.bc.ca



Am I ON TRAC? – For Adult Care Questionnaire (Version January 2012)
Parent Questionnaire

For each of the following statements select the response that best describes your son/daughter

Knowledge Indicators	Strongly disagree	Disagree	Agree	Strongly agree
1. My son/daughter can describe his/her health condition to others				
2. My son/daughter knows what his/her long-term health problems might be				
3. My son/daughter knows what patient confidentiality means				
4. My son/daughter understands the risks and benefits of health care treatments before he/she consents to those treatments				
5. My son/daughter knows how to get his/her medical records				
6. My son/daughter knows the names of his/her medications				
7. My son/daughter knows what each of his/her medications are for				
8. My son/daughter knows the side effects of the medications he/she takes				
9. My son/daughter can get to clinic appointments on his/her own				
10. My son/daughter knows how his/her condition might affect his/her sexual health				
11. My son/daughter knows how to prevent sexual health risks such as pregnancy and sexually transmitted infections (STIs)				
12. My son/daughter knows how his/her health condition might limit his/her career choices				
13. My son/daughter knows how his/her health condition affects his/her physical activities				
14. My son/daughter knows how alcohol, drugs and tobacco can affect his/her medications				
15. My son/daughter has a family doctor				
16. I support my son/daughter in managing his/her health				

Behavioral Indicators	Never	Rarely	Sometimes	Often	Always
17. My son/daughter visits his/her family doctor when he/she needs to (For example: to have check-ups, get birth control, or if he/she has the flu)					
18. My son/daughter meets with his/her health care providers on his/her own					
19. My son/daughter participates in clubs, groups, sports or activities					
20. My son's/daughter's friends support him/her in managing health issues					
21. My son/daughter participates in activities/exercise to stay healthy					
22. My son/daughter asks health care providers questions about his/her health at his/her visits					
23. My son/daughter takes his/her medications on his/her own					
24. When my son's/daughter's symptoms are getting worse he/she contacts the clinic for help					
25. My son/daughter has talked with me about his/her future plans (after high school)					