

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)					

Citation: 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.

