

# SIX CORE ELEMENTS™



## TRANSITIONING TO AN ADULT APPROACH TO HEALTH CARE WITHOUT CHANGING CLINICIANS

*For use by Family Medicine and Med-Peds Clinicians*

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# Introduction: Transitioning to an Adult Approach to Health Care Without Changing Clinicians

Got Transition®, the federally funded national resource center on health care transition (HCT), created the Six Core Elements of Health Care Transition™ 3.0 for use by clinicians to assist youth/young adults (with and without special health care needs) as they transition from a pediatric to an adult-centered model of health care.

Six Core Elements packages are available for:

1. Transitioning Youth to an Adult Health Care Clinician
2. Transitioning to an Adult Approach to Health Care Without Changing Clinicians
3. Integrating Young Adults into Adult Health Care

Aligned with the 2018 American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Physicians (ACP) Clinical Report guidance on HCT,<sup>1</sup> the Six Core Elements 3.0 define the basic components of HCT support, which in this package include establishing a transition and care policy/guide, tracking and monitoring progress, administering transition readiness assessments, planning for transition, transitioning to an adult approach to care, and providing ongoing care.

The original Six Core Elements were developed following the release of the 2011 AAP/AAFP/ACP Clinical Report on HCT and tested in many practice settings and in Quality Improvement (QI) learning collaboratives using the Institute for Healthcare Improvement Breakthrough Series QI approach. The Six Core Elements 2.0 were released in 2014, with packages available for different clinical settings (pediatrics, family medicine, med-peds, and internal medicine) along with customizable sample tools and measurement options. Feedback was obtained from over 300 clinicians, youth/young adults, parents/caregivers, and public health experts to produce the updated Six Core Elements 3.0 in 2020.

- To implement the Six Core Elements of Health Care Transition 3.0, Got Transition recommends a QI approach to incrementally incorporate the tools as a standard part of care for youth/young adults and their parents/caregivers. An implementation guide to accompany this package is available at [www.GotTransition.org/Implementation](http://www.GotTransition.org/Implementation).
- Got Transition has developed two different measurement approaches — a Current Assessment of HCT Activities and an HCT Process Measurement Tool — to assess the extent to which the Six Core Elements are being incorporated into clinical processes. Both measurement tools, as well as a feedback survey for clinicians, are available at [www.GotTransition.org/Measurement](http://www.GotTransition.org/Measurement).
- Got Transition offers information about HCT payment at [www.GotTransition.org/Payment](http://www.GotTransition.org/Payment).
- Got Transition also offers resources and information for youth/young adults and parents/caregivers as well as researchers and policymakers. More information is available at [www.GotTransition.org](http://www.GotTransition.org).

Thank you for your interest in improving HCT of youth/young adults moving from pediatric to adult-centered care. Email [info@gottransition.org](mailto:info@gottransition.org) with any HCT-related questions.

1. White PH, Cooley WC, Transitions Clinical Authoring Group, American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2018;142(5); e20182587.

# Side-by-Side Comparison

The Six Core Elements of Health Care Transition™ 3.0 are intended for use by pediatric, family medicine, med-peds, and internal medicine practices to assist youth and young adults as they transition to adult-centered care. They are aligned with the AAP/AAFP/ACP Clinical Report on Health Care Transition.<sup>1</sup> Sample tools, implementation guidance, measurement, and payment resources are available at [www.GotTransition.org](http://www.GotTransition.org).

<b>TRANSITIONING YOUTH TO AN ADULT HEALTH CARE CLINICIAN</b> <i>(For use by Pediatric, Family Medicine, and Med-Peds Clinicians)</i>	<b>TRANSITIONING TO AN ADULT APPROACH TO HEALTH CARE WITHOUT CHANGING CLINICIANS</b> <i>(For use by Family Medicine and Med-Peds Clinicians)</i>	<b>INTEGRATING YOUNG ADULTS INTO ADULT HEALTH CARE</b> <i>(For use by Internal Medicine, Family Medicine, and Med-Peds Clinicians)</i>
<p><b>1. Transition and Care Policy/Guide</b></p> <ul style="list-style-type: none"> <li>• Develop a transition and care policy/guide with input from youth and parents/caregivers that describes the practice's approach to transition, an adult approach to care in terms of privacy and consent, and age of transfer to an adult clinician.</li> <li>• Educate all staff about the practice's approach to transition and distinct roles of the youth, parent/caregiver, and pediatric and adult health care team in the transition process, taking into account cultural preferences.</li> <li>• Display transition and care policy/guide somewhere accessible in practice space, discuss and share with youth and parent/caregiver, beginning at age 12 to 14, and regularly review as part of ongoing care.</li> </ul>	<p><b>1. Transition and Care Policy/Guide</b></p> <ul style="list-style-type: none"> <li>• Develop a transition and care policy/guide with input from youth/young adults and parents/caregivers that describes the practice's approach to transition and an adult approach to care in terms of privacy and consent.</li> <li>• Educate all staff about the practice's approach to transition and distinct roles of the youth/young adult, parent/caregiver, and health care team in the transition process, taking into account cultural preferences.</li> <li>• Display transition and care policy/guide somewhere accessible in practice space, discuss and share with youth/young adult and parent/caregiver, beginning at age 12 to 14, and regularly review as part of ongoing care.</li> </ul>	<p><b>1. Transition and Care Policy/Guide</b></p> <ul style="list-style-type: none"> <li>• Develop a transition and care policy/guide with input from young adults that describes the practice's approach to transition, accepting and partnering with new young adult patients, and an adult approach to care in terms of privacy and consent.</li> <li>• Educate all staff about the practice's approach to transition and distinct roles of the young adult, parent/caregiver, and adult health care team in the transition process, taking into account cultural preferences.</li> <li>• Display transition and care policy/guide somewhere accessible in practice space, discuss and share with young adult at first visit, and regularly review as part of ongoing care.</li> </ul>
<p><b>2. Tracking and Monitoring</b></p> <ul style="list-style-type: none"> <li>• Establish criteria and process for identifying transition-aged youth.</li> <li>• Develop process to track receipt of the Six Core Elements, integrating with electronic medical records (EMR) when possible.</li> </ul>	<p><b>2. Tracking and Monitoring</b></p> <ul style="list-style-type: none"> <li>• Establish criteria and process for identifying transition-aged youth/young adults.</li> <li>• Develop process to track receipt of the Six Core Elements, integrating with electronic medical records (EMR) when possible.</li> </ul>	<p><b>2. Tracking and Monitoring</b></p> <ul style="list-style-type: none"> <li>• Establish criteria and process for identifying transitioning young adults.</li> <li>• Develop process to track receipt of the Six Core Elements, integrating with electronic medical records (EMR) when possible.</li> </ul>
<p><b>3. Transition Readiness</b></p> <ul style="list-style-type: none"> <li>• Conduct regular transition readiness assessments, beginning at age 14 to 16, to identify and discuss with youth and parent/caregiver their needs for self-care and how to use health care services.</li> <li>• Offer education and resources on needed skills identified through the transition readiness assessment.</li> </ul>	<p><b>3. Transition Readiness</b></p> <ul style="list-style-type: none"> <li>• Conduct regular transition readiness assessments, beginning at age 14 to 16, to identify and discuss with youth and parent/caregiver their needs for self-care and how to use health care services.</li> <li>• Offer education and resources on needed skills identified through the transition readiness assessment.</li> </ul>	<p><b>3. Orientation to Adult Practice</b></p> <ul style="list-style-type: none"> <li>• Identify and list adult clinicians within your practice interested in caring for young adults.</li> <li>• Establish a process to welcome and orient new young adults into practice, including a description of available services.</li> <li>• Provide young adult-friendly online or written Frequently Asked Questions about the practice.</li> </ul>

*Continued*

1. White PH, Cooley WC, Transitions Clinical Authoring Group, American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2018;142(5); e20182587.

# Side-by-Side Comparison (Continued)

<b>TRANSITIONING YOUTH TO AN ADULT HEALTH CARE CLINICIAN</b> <i>(For use by Pediatric, Family Medicine, and Med-Peds Clinicians)</i>	<b>TRANSITIONING TO AN ADULT APPROACH TO HEALTH CARE WITHOUT CHANGING CLINICIANS</b> <i>(For use by Family Medicine and Med-Peds Clinicians)</i>	<b>INTEGRATING YOUNG ADULTS INTO ADULT HEALTH CARE</b> <i>(For use by Internal Medicine, Family Medicine, and Med-Peds Clinicians)</i>
<p><b>4. Transition Planning</b></p> <ul style="list-style-type: none"> <li>• Develop and regularly update the plan of care, including readiness assessment findings, youth's goals and prioritized actions, medical summary and emergency care plan, and, if needed, a condition fact sheet and legal documents.</li> <li>• Prepare youth and parent/caregiver for an adult approach to care, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.</li> <li>• Determine need for decision-making supports for youth and make referrals to legal resources.</li> <li>• Plan with youth and parent/caregiver for optimal timing of transfer from pediatric to adult care. If both primary and subspecialty care are involved, discuss optimal timing for each.</li> <li>• Assist youth in identifying an adult clinician(s) and provide linkages to insurance resources, self-care management information, and community support services.</li> <li>• Obtain consent from youth/parent/caregiver for release of medical information.</li> <li>• Take cultural preferences into account throughout transition planning.</li> </ul>	<p><b>4. Transition Planning</b></p> <ul style="list-style-type: none"> <li>• Develop and regularly update the plan of care, including readiness assessment findings, youth/young adults' goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents.</li> <li>• Prepare youth/young adult and parent/caregiver for an adult approach to care, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.</li> <li>• Determine need for decision-making supports for youth/young adult and make referrals to legal resources.</li> <li>• Plan with youth/young adult and parent/caregiver for optimal timing of transfer from pediatric to adult specialty care, if needed.</li> <li>• Provide linkages to insurance resources, self-care management information, and community support services.</li> <li>• Obtain consent from youth/young adult/parent/caregiver for release of medical information.</li> <li>• Take cultural preferences into account throughout transition planning.</li> </ul>	<p><b>4. Integration into Adult Practice</b></p> <ul style="list-style-type: none"> <li>• Communicate with young adult's pediatric clinician(s) and arrange for consultation assistance, if needed.</li> <li>• Prior to first visit, ensure receipt of transfer package, including final transition readiness assessment, plan of care with transition goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents, condition fact sheet, and additional clinical records.</li> <li>• Make pre-visit appointment reminder welcoming new young adult and identifying any special needs and preferences.</li> </ul>
<p><b>5. Transfer of Care</b></p> <ul style="list-style-type: none"> <li>• Complete transfer package, including final transition readiness assessment, plan of care with transition goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents, condition fact sheet, and additional clinical records.</li> <li>• Confirm date of first adult clinician appointment.</li> <li>• Prepare letter with transfer package, send to adult clinician, and confirm adult clinician's receipt of transfer package.</li> <li>• Communicate with selected adult clinician about pending transfer of care.</li> <li>• Confirm the pediatric clinician's responsibility for care until youth/young adult is seen by an adult clinician.</li> <li>• Transfer youth/young adult when their condition is as stable as possible.</li> </ul>	<p><b>5. Transition to Adult Approach to Care</b></p> <ul style="list-style-type: none"> <li>• Address any concerns youth/young adult has about transferring to an adult approach to care.</li> <li>• Clarify an adult approach to care (shared decision-making, privacy and consent, access to information), adherence to care, preferred methods of communication, and health literacy needs.</li> <li>• Conduct self-care skills assessment if not recently completed and discuss young adult's needs for self-care and how to use health care services.</li> <li>• Offer education and resources on needed skills identified through the self-care skills assessment.</li> <li>• Review youth/young adult's health priorities as part of their plan of care.</li> <li>• Continue to update and share with youth/young adult their medical summary and emergency care plan.</li> </ul>	<p><b>5. Initial Visits</b></p> <ul style="list-style-type: none"> <li>• Prepare for initial visit by reviewing transfer package with appropriate team members.</li> <li>• Address any concerns young adult has about transferring to adult care and take into account any cultural preferences.</li> <li>• Clarify an adult approach to care (shared decision-making, privacy and consent, access to information), adherence to care, preferred methods of communication, and health literacy needs.</li> <li>• Conduct self-care skills assessment if not recently completed and discuss their needs for self-care and how to use health care services.</li> <li>• Offer education and resources on needed skills identified through the self-care skills assessment.</li> <li>• Review young adult's health priorities as part of their plan of care.</li> <li>• Update and share with young adult their medical summary and emergency care plan.</li> </ul>
<p><b>6. Transfer Completion</b></p> <ul style="list-style-type: none"> <li>• Contact youth/young adult and parent/caregiver 3 to 6 months after last pediatric visit to confirm attendance at first adult appointment.</li> <li>• Elicit anonymous feedback from youth/young adult and their parent/caregiver on their experience with the transition process.</li> <li>• Communicate with adult practice confirming completion of transfer and offer consultation assistance, as needed.</li> <li>• Build ongoing and collaborative partnerships with adult primary and specialty care clinicians.</li> </ul>	<p><b>6. Ongoing Care</b></p> <ul style="list-style-type: none"> <li>• Assist youth/young adult in connecting with specialists and other support services, as needed.</li> <li>• Continue with ongoing care management tailored to each youth/young adult and their cultural preferences.</li> <li>• Elicit anonymous feedback from youth/young adult and their parent/caregiver on their experience with the transition process.</li> <li>• Build ongoing and collaborative partnerships with specialty care clinicians.</li> </ul>	<p><b>6. Ongoing Care</b></p> <ul style="list-style-type: none"> <li>• Communicate with pediatric practice confirming completion of transfer into adult practice and consult with pediatric clinician(s), as needed.</li> <li>• Assist young adult in connecting with adult specialists, as needed, and provide linkages to insurance resources, self-care management information, and community support services.</li> <li>• Obtain consent from young adult for release of medical information.</li> <li>• Continue with ongoing care management tailored to each young adult and their cultural preferences.</li> <li>• Elicit anonymous feedback from young adult on their experience with the transition process.</li> <li>• Build ongoing and collaborative partnerships with other primary and specialty care clinicians.</li> </ul>



# Overview: Transitioning to an Adult Approach to Health Care Without Changing Clinicians

## 1 TRANSITION AND CARE POLICY/GUIDE

- Develop a transition and care policy/guide with input from youth/young adults and parents/caregivers that describes the practice's approach to transition and an adult approach to care in terms of privacy and consent.
- Educate all staff about the practice's approach to transition and distinct roles of the youth/young adult, parent/caregiver, and health care team in the transition process, taking into account cultural preferences.
- Display transition and care policy/guide somewhere accessible in practice space, discuss and share with youth/young adult and parent/caregiver, beginning at age 12 to 14, and regularly review as part of ongoing care.

## 2 TRACKING AND MONITORING

- Establish criteria and process for identifying transition-aged youth/young adults.
- Develop process to track receipt of the Six Core Elements, integrating with electronic medical records (EMR) when possible.

## 3 TRANSITION READINESS

- Conduct regular transition readiness assessments, beginning at age 14 to 16, to identify and discuss with youth and parent/caregiver their needs for self-care and how to use health care services.
- Offer education and resources on needed skills identified through the transition readiness assessment.

## 4 TRANSITION PLANNING

- Develop and regularly update the plan of care, including readiness assessment findings, youth/young adults' goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents.
- Prepare youth/young adult and parent/caregiver for an adult approach to care, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.
- Determine need for decision-making supports for youth/young adult and make referrals to legal resources.
- Plan with youth/young adult and parent/caregiver for optimal timing of transfer from pediatric to adult specialty care, if needed.
- Provide linkages to insurance resources, self-care management information, and community support services.
- Obtain consent from youth/young adult/parent/caregiver for release of medical information.
- Take cultural preferences into account throughout transition planning.

## 5 TRANSITION TO ADULT APPROACH TO CARE

- Address any concerns youth/young adult has about transferring to an adult approach to care.
- Clarify an adult approach to care (shared decision-making, privacy and consent, access to information), adherence to care, preferred methods of communication, and health literacy needs.
- Conduct self-care skills assessment if not recently completed and discuss young adult's needs for self-care and how to use health care services.
- Offer education and resources on needed skills identified through the self-care skills assessment.
- Review youth/young adult's health priorities as part of their plan of care.
- Continue to update and share with youth/young adult their medical summary and emergency care plan.

## 6 ONGOING CARE

- Assist youth/young adult in connecting with specialists and other support services, as needed.
- Continue with ongoing care management tailored to each youth/young adult and their cultural preferences.
- Elicit anonymous feedback from youth/young adult and their parent/caregiver on their experience with the transition process.
- Build ongoing and collaborative partnerships with specialty care clinicians.



## Sample Transition and Care Policy/Guide

[Practice Name] cares about you.

We will help you move smoothly from a pediatric to an adult model of health care at age 18 to continue on with our practice as a young adult. This means working with you, starting at ages 12 to 14, and your parent/caregiver to prepare for the change from a pediatric model of care to an adult model of care. A pediatric model of care is where parents/caregivers make most choices. An adult model of care is where you will make your own choices. We will spend time during visits without your parent/caregiver in the room to help you set health goals and take control of your own health care.

By law, you are an adult at age 18. We will only discuss your health information with others if you agree. Some young adults choose to still involve their parents/caregivers or others in their health care choices. To allow your doctor to share information with them, consent is required. We have these forms at our practice. For young adults who have a condition that limits them from making health care choices, our office will share with parents/caregivers options for how to support decision-making. For young adults who are not able to consent, we will need a legal document that describes the person's decision-making needs. We will help you find community resources and specialty care, if needed.

Your health matters to us. As always, if you have any questions, please feel free to contact us.



# Sample Individual Transition Flow Sheet

Preferred name

Legal name

Date of birth

Primary diagnosis

Social/Medical complexity information

## TRANSITION AND CARE POLICY/GUIDE

Transition and care policy/guide shared/discussed with youth/young adult and parent/caregiver

\_\_\_\_\_ *Date*

## TRANSITION READINESS/SELF-CARE SKILLS ASSESSMENT

Conducted transition readiness/self-care skills assessment

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

## PLAN OF CARE/MEDICAL SUMMARY AND EMERGENCY CARE PLAN

Updated and shared the medical summary and emergency care plan

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

Included transition/self-care goals and prioritized actions in youth/young adult's plan of care

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

Updated and shared the plan of care, if needed

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

Discussed needed transition readiness/self-care skills

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

## ADULT MODEL OF CARE

Discussed changes in decision-making, consent, and privacy (e.g., medical records) in an adult model of care

\_\_\_\_\_ *Date*

Discussed legal options for supported decision-making, if needed

\_\_\_\_\_ *Date*

## ONGOING CARE

Arranged for specialty consultation, if needed

\_\_\_\_\_ *Date*

Elicited anonymous feedback from youth/young adult and parent/caregiver about the HCT supports received while transitioning to an adult approach to care

\_\_\_\_\_ *Date*

# Sample Transition Registry

A transition registry can be used to track and monitor youth/young adults throughout the transition to an adult approach to health care. This sample registry can be customized as needed. A registry can be on paper, an Excel spreadsheet (see below), or — if possible — integrated into the electronic medical record.

Name	DOB	Appt	Age	Primary Diagnosis	HCT Policy/ Guide Shared with Y/YA/Parent/ Caregiver	HCT Readiness/ Self-Care Skills Assessment Conducted	HCT Readiness/ Self-Care Education/ Counseling Provided	HCT Plan of Care Shared with Y/YA/Parent/ Caregiver	Medical Summary and Emergency Care Plan Shared with Y/YA/Parent/ Caregiver	Age 18 Privacy and Consent Changes Discussed	Supported Decision-Making Discussed (If Needed)	Feedback About HCT From Y/YA/ Parent/Caregiver
(Instructions)		(Date or Blank)	(At Time of Appt)		(Yes or Blank)	(Date or Blank)	(Date or Blank)	(Date or Blank)	(Date or Blank)	(Date or Blank)	(Date or Blank)	(Yes or Blank)
Mary Smith	03/04/03	06/01/20	17 Y	Asthma	Yes	06/01/20	06/01/20	06/01/20	06/01/20	06/01/20		Yes
Mary Smith	03/04/03	04/01/19	16 Y	Asthma	Yes		04/01/19	04/01/19	04/01/19			
Mary Smith	03/04/03	04/01/18	15 Y	Asthma	Yes		04/01/18	04/01/18				
Taye Davis	01/17/01	01/10/20	19 Y	Epilepsy	Yes	01/10/20	01/10/20	01/10/20	01/10/20	01/10/20	01/10/20	Yes
Taye Davis	01/17/01	01/21/19	18 Y	Epilepsy						01/21/19		
Sasha Jones	02/14/01	03/01/20	19 Y	Autism	Yes	03/01/20	03/01/20	03/01/20	03/01/20	03/01/20	03/01/20	Yes
Sasha Jones	02/14/01	03/01/19	18 Y	Autism								
Sasha Jones	02/14/01	04/01/18	17 Y	Autism								
Sasha Jones	02/14/01	03/01/17	16 Y	Autism								
Jesus Garcia	11/03/05	12/01/20	15 Y	Diabetes	Yes	12/01/20	12/01/20	12/01/20	12/01/20			

HCT - health care transition, Y/YA - youth/young adult

# Sample Transition Readiness Assessment for Youth

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name \_\_\_\_\_ Legal name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

## TRANSITION IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

How important is it to you to manage your own health care?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
*not* \_\_\_\_\_ *very*

How confident do you feel about your ability to manage your own health care?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
*not* \_\_\_\_\_ *very*

## MY HEALTH & HEALTH CARE *Please check the answer that best applies now.*

	NO	I WANT TO LEARN	YES
I can explain my health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions when I do not understand what my doctor says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my family medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to the doctor instead of my parent/caregiver talking for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see the doctor on my own during an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I turn 18, I have full privacy in my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know at least one other person who will support me with my health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make and cancel my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a summary of my medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a referral if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health insurance I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to keep my health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk with my parent/caregiver about the health care transition process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MY MEDICINES *If you do not take any medicines, please skip this section.*

I know my own medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines without someone telling me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medicines if and when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

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# How to Score the Transition Readiness Assessment for Youth *(For Office Use Only)*

The purpose of the transition readiness assessment is to begin a discussion with youth about health-related skills. Scoring is optional and can be used to follow individual progress on gaining these skills, not to predict successful transition outcomes.

This scoring sheet can be filled out to score a youth’s completed transition readiness assessment or it can be used as a scoring guide to refer to when marking the score on their completed assessment.

Each response can be converted to a score of 0 (No), 1 (I want to learn), or 2 (Yes). Because not all youth are taking medicines, numbers in “My Health & Health Care” and “My Medicines” should be calculated separately.

<b>MY HEALTH &amp; HEALTH CARE</b> <i>Please check the answer that best applies now.</i>	<b>NO</b>	<b>I WANT TO LEARN</b>	<b>YES</b>
I can explain my health needs to others.	0	1	2
I know how to ask questions when I do not understand what my doctor says.	0	1	2
I know my allergies to medicines.	0	1	2
I know my family medical history.	0	1	2
I talk to the doctor instead of my parent/caregiver talking for me.	0	1	2
I see the doctor on my own during an appointment.	0	1	2
I know when and how to get emergency care.	0	1	2
I know where to get medical care when the doctor’s office is closed.	0	1	2
I carry important health information with me every day (e.g., insurance card, emergency contact information).	0	1	2
I know that when I turn 18, I have full privacy in my health care.	0	1	2
I know at least one other person who will support me with my health needs.	0	1	2
I know how to find my doctor’s phone number.	0	1	2
I know how to make and cancel my own doctor appointments.	0	1	2
I have a way to get to my doctor’s office.	0	1	2
I know how to get a summary of my medical information (e.g., online portal).	0	1	2
I know how to fill out medical forms.	0	1	2
I know how to get a referral if I need it.	0	1	2
I know what health insurance I have.	0	1	2
I know what I need to do to keep my health insurance.	0	1	2
I talk with my parent/caregiver about the health care transition process.	0	1	2
<b>MY MEDICINES</b> <i>If you do not take any medicines, please skip this section.</i>			
I know my own medicines.	0	1	2
I know when I need to take my medicines without someone telling me.	0	1	2
I know how to refill my medicines if and when I need to.	0	1	2

*My Health & Health Care Total Score: \_\_\_\_\_ /40*

*My Medicines Total Score: \_\_\_\_\_ /6*

# Sample Transition Readiness Assessment for Parents/Caregivers

Please fill out this form to help us see what your child already knows about their health and the areas you think they want to learn more about. After you complete the form, you can ask your child to share their answers from their completed form, and you can compare them. Your answers may be different. Your child’s doctor will help you work on steps to increase your child’s health care skills.

Youth name \_\_\_\_\_ Parent/Caregiver name \_\_\_\_\_ Youth date of birth \_\_\_\_\_ Today’s date \_\_\_\_\_

**TRANSITION IMPORTANCE & CONFIDENCE** *Please circle the number that best describes how you feel now.*

How important is it for your child to manage their own health care?  
 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
 not \_\_\_\_\_ very

How confident do you feel about your child's ability to manage their own health care?  
 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
 not \_\_\_\_\_ very

**MY CHILD’S HEALTH & HEALTH CARE** *Please check the answer that best applies now.*

	NO	THEY WANT TO LEARN	YES
My child can explain their health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to ask questions when they do not understand what their doctor says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows their allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows our family medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child talks to the doctor instead of me talking for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child sees the doctor on their own during an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows where to get medical care when the doctor’s office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child carries important health information with them every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows that when they turn 18, they have full privacy in their health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows at least one other person who will support them with their health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to find their doctor’s phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to make and cancel their own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a way to get to their doctor’s office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to get a summary of their medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to get a referral if they need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what health insurance they have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows what they need to do to keep their health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I talk about the health care transition process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MY CHILD’S MEDICINES** *If your child does not take any medicines, please skip this section.*

My child knows their own medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows when they need to take their medicines without someone telling them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows how to refill their medicines if and when they need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WHICH OF THE SKILLS LISTED ABOVE DOES YOUR CHILD MOST WANT TO WORK ON?**

# How to Score the Transition Readiness Assessment for Parent/Caregivers *(For Office Use Only)*

The purpose of the transition readiness assessment is to begin a discussion with youth and parents/caregivers about health-related skills. Scoring is optional and can be used to follow individual progress on gaining these skills, not to predict successful transition outcomes.

This scoring sheet can be filled out to score a parent/caregiver's completed transition readiness assessment or it can be used as a scoring guide to refer to when marking the score on their completed assessment.

Each response can be converted to a score of 0 (No), 1 (They want to learn), or 2 (Yes). Because not all youth are taking medicines, numbers in “My Child’s Health and Health Care” and “My Child’s Medicines” should be calculated separately.

MY CHILD'S HEALTH & HEALTH CARE <i>Please check the answer that best applies now.</i>	NO	THEY WANT TO LEARN	YES
My child can explain their health needs to others.	0	1	2
My child knows how to ask questions when they do not understand what their doctor says.	0	1	2
My child knows their allergies to medicines.	0	1	2
My child knows our family medical history.	0	1	2
My child talks to the doctor instead of me talking for them.	0	1	2
My child sees the doctor on their own during an appointment.	0	1	2
My child knows when and how to get emergency care.	0	1	2
My child knows where to get medical care when the doctor's office is closed.	0	1	2
My child carries important health information with them every day (e.g., insurance card, emergency contact information).	0	1	2
My child knows that when they turn 18, they have full privacy in their health care.	0	1	2
My child knows at least one other person who will support them with their health needs.	0	1	2
My child knows how to find their doctor's phone number.	0	1	2
My child knows how to make and cancel their own doctor appointments.	0	1	2
My child has a way to get to their doctor's office.	0	1	2
My child knows how to get a summary of their medical information (e.g., online portal).	0	1	2
My child knows how to fill out medical forms.	0	1	2
My child knows how to get a referral if they need it.	0	1	2
My child knows what health insurance they have.	0	1	2
My child knows what they need to do to keep their health insurance.	0	1	2
My child and I talk about the health care transition process.	0	1	2
MY CHILD'S MEDICINES <i>If your child does not take any medicines, please skip this section.</i>			
My child knows their own medicines.	0	1	2
My child knows when they need to take their medicines without someone telling them.	0	1	2
My child knows how to refill their medicines if and when they need to.	0	1	2

My Child's Health & Health Care Total Score: \_\_\_\_\_ /40

My Child's Medicines Total Score: \_\_\_\_\_ /6

# Sample Plan of Care

This sample plan of care is created jointly with the youth/young adult and their parent/caregiver to set goals and outline a plan of action that combines health and personal goals. Information from the transition readiness/self-care skills assessment can be used to develop goals. The plan of care should be updated often.

*Preferred name* \_\_\_\_\_ *Legal name* \_\_\_\_\_ *Date of birth* \_\_\_\_\_

*Primary diagnosis* \_\_\_\_\_ *Secondary diagnosis* \_\_\_\_\_

**WHAT MATTERS MOST TO YOU AS YOU BECOME AN ADULT? HOW CAN LEARNING MORE ABOUT YOUR HEALTH NEEDS AND LEARNING HOW TO USE HEALTH CARE SUPPORT YOUR GOALS?**

Youth/Young Adult's Prioritized Goals	Transition Issues or Concerns	Actions	Person Responsible	Target Date	Date Completed

*Clinician/Care staff name* \_\_\_\_\_ *Date plan created/Updated* \_\_\_\_\_

*Clinician/Care staff contact information* \_\_\_\_\_ *Clinician/Care staff signature* \_\_\_\_\_

*Youth/Young adult signature* \_\_\_\_\_ *Parent/Caregiver signature* \_\_\_\_\_



# Sample Medical Summary and Emergency Care Plan

This document should be shared with the youth/young adult and parent/caregiver. Attach the immunization record to this form.

## CONTACT INFORMATION

<i>Preferred name</i>	<i>Legal name</i>	
<i>Date of birth</i>	<i>Preferred language</i>	
<i>Address</i>		
<i>Cell phone/Home phone</i>	<i>Best time to reach</i>	
<i>Email</i>	<i>Best way to reach (text, phone, email)</i>	
<i>Health insurance and/or plan</i>	<i>Group and ID numbers</i>	
<i>Parent/Caregiver name</i>	<i>Relationship</i>	<i>Phone</i>

## PLEASE SHARE SOME SPECIAL INFORMATION THAT THE YOUTH/YOUNG ADULT OR PARENT/CAREGIVER WANTS HEALTH CARE CLINICIANS TO KNOW (e.g., they enjoy baseball, they play the piano).

## EMERGENCY CARE PLAN

- Limited decision-making legal documents available, if needed       Disaster preparedness plan completed

<i>Emergency contact</i>	<i>Relationship</i>	<i>Phone</i>
<i>Preferred emergency care location</i>		

Common Emergent Presenting Problems	Suggested Tests	Treatment Considerations



# Sample Medical Summary and Emergency Care Plan

## (Continued)

### ALLERGIES AND PROCEDURES TO BE AVOIDED

Allergies	Reactions

To Be Avoided	Why?
<input type="checkbox"/> Medical procedures	
<input type="checkbox"/> Medications	

### DIAGNOSES AND CURRENT PROBLEMS

Problem	Details and Recommendations
<input type="checkbox"/> Primary Diagnosis	
<input type="checkbox"/> Secondary Diagnosis	
<input type="checkbox"/> Behavioral	
<input type="checkbox"/> Communication	
<input type="checkbox"/> Feeding & Swallowing	
<input type="checkbox"/> Hearing/Vision	
<input type="checkbox"/> Learning	
<input type="checkbox"/> Orthopedic/Musculoskeletal	
<input type="checkbox"/> Physical Anomalies	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Sensory	
<input type="checkbox"/> Stamina/Fatigue	
<input type="checkbox"/> Other	

### MEDICATIONS

Medications	Dose	Frequency	Medications	Dose	Frequency

# Sample Medical Summary and Emergency Care Plan (Continued)

## HEALTH CARE CLINICIANS

Clinician's name \_\_\_\_\_ Primary/(Sub)specialty \_\_\_\_\_

Clinic or Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Clinician's name \_\_\_\_\_ Primary/(Sub)specialty \_\_\_\_\_

Clinic or Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## PRIOR SURGERIES, PROCEDURES, AND HOSPITALIZATIONS

Date \_\_\_\_\_ Surgery/Procedure/Hospitalization \_\_\_\_\_

Date \_\_\_\_\_ Surgery/Procedure/Hospitalization \_\_\_\_\_

## BASELINE

Vital Signs: *Height* \_\_\_\_\_ *Weight* \_\_\_\_\_ *RR* \_\_\_\_\_ *HR* \_\_\_\_\_ *BP* \_\_\_\_\_

Neurological status \_\_\_\_\_

## MOST RECENT LABS AND RADIOLOGY

Test \_\_\_\_\_ Result \_\_\_\_\_ Date \_\_\_\_\_

Test \_\_\_\_\_ Result \_\_\_\_\_ Date \_\_\_\_\_

Test \_\_\_\_\_ Result \_\_\_\_\_ Date \_\_\_\_\_

## EQUIPMENT, APPLIANCES, AND ASSISTIVE TECHNOLOGY

- Gastrostomy
- Tracheostomy
- Suctions
- Nebulizer
- Communication Device
- Adaptive Seating

- Wheelchair
- Orthotics
- Crutches
- Walker
- Other(s): \_\_\_\_\_

- Monitors:
- Apnea
  - O<sub>2</sub>
  - Cardiac
  - Glucose

# Sample Medical Summary and Emergency Care Plan (Continued)

## SCHOOL AND COMMUNITY INFORMATION

<i>Agency/School</i>	<i>Contact person</i>	<i>Phone</i>
<i>Agency/School</i>	<i>Contact person</i>	<i>Phone</i>
<i>Agency/School</i>	<i>Contact person</i>	<i>Phone</i>

## IMPORTANT NEXT STEPS

*Next step(s)*

---

*Next appointment(s)*

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**Youth/Young adult signature** *Date*

*Print name* *Phone*

**Parent/Caregiver signature** *Date*

*Print name* *Phone*

**Clinician/Care staff signature** *Date*

*Print name* *Phone*

# Sample Self-Care Skills Assessment for Young Adults

Please fill out this form to help us see what you already know about your health, how to use health care, and the areas you want to learn more about. If you need help with this form, please ask your parent/caregiver or doctor.

Preferred name \_\_\_\_\_ Legal name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

## SELF-CARE IMPORTANCE & CONFIDENCE *Please circle the number that best describes how you feel now.*

How important is it to you to manage your own health care?  
 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
*not* \_\_\_\_\_ *very*

How confident do you feel about your ability to manage your own health care?  
 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  
*not* \_\_\_\_\_ *very*

## MY HEALTH & HEALTH CARE *Please check the answer that best applies now.*

	NO	I WANT TO LEARN	YES
I can explain my health needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions when I do not understand what my doctor says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my family medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when and how to get emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day (e.g., insurance card, emergency contact information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know I have full privacy in my health care at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know I have to sign a form if I want others at my visit and to allow them to see my medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know at least one other person who will support me with my health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make and cancel my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a summary of my medical information (e.g., online portal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get a referral if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health insurance I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I need to do to keep my health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MY MEDICINES *If you do not take any medicines, please skip this section.*

I know my own medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines without someone telling me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medicines if and when I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WHICH OF THE SKILLS LISTED ABOVE DO YOU MOST WANT TO WORK ON?

\_\_\_\_\_

\_\_\_\_\_



# HOW TO SCORE THE SELF-CARE SKILLS ASSESSMENT FOR YOUNG ADULTS *(For Office Use Only)*

The purpose of the self-care skills assessment is to begin a discussion with young adults about health-related skills. Scoring is optional and can be used to follow individual progress on gaining these skills, not to predict successful outcomes.

This scoring sheet can be filled out to score a young adult's completed self-care skills assessment or it can be used as a scoring guide to refer to when marking the score on their completed assessment.

Each response can be converted to a score of 0 (No), 1 (I want to learn), or 2 (Yes). Because not all young adults are taking medicines, numbers in "My Health & Health Care" and "My Medicines" should be calculated separately.

<b>MY HEALTH &amp; HEALTH CARE</b> <i>Please check the answer that best applies now.</i>	NO	I WANT TO LEARN	YES
I can explain my health needs to others.	0	1	2
I know how to ask questions when I do not understand what my doctor says.	0	1	2
I know my allergies to medicines.	0	1	2
I know my family medical history.	0	1	2
I know when and how to get emergency care.	0	1	2
I know where to get medical care when the doctor's office is closed.	0	1	2
I carry important health information with me every day (e.g., insurance card, emergency contact information).	0	1	2
I know I have full privacy in my health care at age 18.	0	1	2
I know I have to sign a form if I want others at my visit and allow them to see my medical records.	0	1	2
I know at least one other person who will support me with my health needs.	0	1	2
I know how to find my doctor's phone number.	0	1	2
I know how to make and cancel my own doctor appointments.	0	1	2
I have a way to get to my doctor's office.	0	1	2
I know how to get a summary of my medical information (e.g., online portal).	0	1	2
I know how to fill out medical forms.	0	1	2
I know how to get a referral if I need it.	0	1	2
I know what health insurance I have.	0	1	2
I know what I need to do to keep my health insurance.	0	1	2
<b>MY MEDICINES</b> <i>If you do not take any medicines, please skip this section.</i>			
I know my own medicines.	0	1	2
I know when I need to take my medicines without someone telling me.	0	1	2
I know how to refill my medicines if and when I need to.	0	1	2

*My Health & Health Care Total Score:* \_\_\_\_\_ /36

*My Medicines Total Score:* \_\_\_\_\_ /6

# Sample Health Care Transition Feedback Survey for Youth/Young Adults

This is a survey about what it was like for you to move to an adult approach to care. Your answers will help us improve our health care transition process. Your name will not be linked to your answers.

DID YOUR DOCTOR OR OTHER HEALTH CARE PROVIDER... <i>Please check the answer that <u>best</u> fits at this time.</i>	YES	NO
Explain the transition process in a way that you could understand?	<input type="checkbox"/>	<input type="checkbox"/>
Give you a chance to speak with them alone during visits?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the changes that happen in health care starting at age 18 (e.g., changes in privacy, consent, access to health records, or making decisions)?	<input type="checkbox"/>	<input type="checkbox"/>
Help you gain skills to manage your own health and health care (e.g., understanding current health needs, knowing what to do in a medical emergency, taking medicines)?	<input type="checkbox"/>	<input type="checkbox"/>
Help you make a plan to meet your transition and health goals?	<input type="checkbox"/>	<input type="checkbox"/>
Create and share your medical summary with you?	<input type="checkbox"/>	<input type="checkbox"/>
Explain how to reach the office online or by phone for medical information, test results, medical records, or appointment information?	<input type="checkbox"/>	<input type="checkbox"/>
Advise you to keep your emergency contact and medical information with you at all times (e.g., in your phone or wallet)?	<input type="checkbox"/>	<input type="checkbox"/>
Talk to you about the need to have health insurance as you become an adult?	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how ready did you feel to change to an adult approach to care?

- Very
  Somewhat
  Not at all

Do you have any ideas for your doctor or other health care provider about making the change to an adult approach to care easier?

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# Sample Health Care Transition Feedback Survey for Parents/Caregivers

This is a survey about what it was like for you and your child to move to an adult approach to care. Your answers will help us improve our health care transition process. Your name will not be linked to your answers.

DID YOUR CHILD’S DOCTOR OR OTHER HEALTH CARE PROVIDER...	YES	NO
<i>Please check the answer that <u>best</u> fits at this time.</i>		
Explain the transition process in a way that your child could understand?	<input type="checkbox"/>	<input type="checkbox"/>
Give your child a chance to speak with them alone during visits?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the changes that happen in health care starting at age 18 (e.g., changes in privacy, consent, access to health records, or making decisions)?	<input type="checkbox"/>	<input type="checkbox"/>
Help your child gain skills to manage their own health and health care (e.g., understanding current health needs, knowing what to do in a medical emergency, taking medicines)?	<input type="checkbox"/>	<input type="checkbox"/>
Help your child make a plan to meet their transition and health goals?	<input type="checkbox"/>	<input type="checkbox"/>
Create and share your child’s medical summary with you and your child?	<input type="checkbox"/>	<input type="checkbox"/>
Explain to your child how to reach the office online or by phone for medical information, test results, medical records, or appointment information?	<input type="checkbox"/>	<input type="checkbox"/>
Advise your child to keep their emergency contact and medical information with them at all times (e.g., in their phone or wallet)?	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your child about the need to have health insurance as they become an adult?	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how ready did your child feel to change to an adult approach to care?

- Very
  Somewhat
  Not at all

Do you have any ideas for your child’s doctor or other health care provider about making the change to an adult approach to care easier?

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