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.*

The transfer to adult health care usually takes place between the ages of 18 and 22.

How important is it to you to move to a doctor who cares for adults before age 22?

0 1 2 3 4 5 6 7 8 9 10

not *very*

How confident do you feel about your ability to move to a doctor who cares for adults before age 22?

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 know how to ask questions when I do not understand what my doctor says.	☐	☐	☐
I know my family medical history.	☐	☐	☐
I see the doctor on my own during an appointment.	☐	☐	☐
I know where to get medical care when the doctor's office is closed.	☐	☐	☐
I carry important health information with me every day (e.g., insurance card, emergency contact information).	☐	☐	☐
I know that when I turn 18, I have full privacy in my health care.	☐	☐	☐
I know at least one other person who will support me with my health needs.	☐	☐	☐
I know how to find my doctor's phone number.	☐	☐	☐
I know how to make and cancel my own doctor appointments.	☐	☐	☐
I have a way to get to my doctor's office.	☐	☐	☐
I know how to get a summary of my medical information (e.g., online portal).	☐	☐	☐
I know how to fill out medical forms.	☐	☐	☐
I know how to get a referral if I need it.	☐	☐	☐
I know what health insurance I have.	☐	☐	☐
I know what I need to do to keep my health insurance.	☐	☐	☐
I talk with my parent/caregiver about the health care transition process.	☐	☐	☐
MY MEDICINES *If you do not take any medicines, please skip this section.*			
I know my own medicines.	☐	☐	☐
I know when I need to take my medicines without someone telling me.	☐	☐	☐
I know how to refill my medicines if and when I need to.	☐	☐	☐

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

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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.*

The transfer to adult health care usually takes place between the ages of 18 and 22.

How important is it to your child to move to a doctor who cares for adults before age 22?

0 1 2 3 4 5 6 7 8 9 10

not *very*

How confident do you feel about your child's ability to move to a doctor who cares for adults before age 22?

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 knows how to ask questions when they do not understand what their doctor says.	☐	☐	☐
My child knows our family medical history.	☐	☐	☐
My child sees the doctor on their own during an appointment.	☐	☐	☐
My child knows where to get medical care when the doctor's office is closed.	☐	☐	☐
My child carries important health information with them every day (e.g., insurance card, emergency contact information).	☐	☐	☐
My child knows that when they turn 18, they have full privacy in their health care.	☐	☐	☐
My child knows at least one other person who will support them with their health needs.	☐	☐	☐
My child knows how to find their doctor's phone number.	☐	☐	☐
My child knows how to make and cancel their own doctor appointments.	☐	☐	☐
My child has a way to get to their doctor's office.	☐	☐	☐
My child knows how to get a summary of their medical information (e.g., online portal).	☐	☐	☐
My child knows how to fill out medical forms.	☐	☐	☐
My child knows how to get a referral if they need it.	☐	☐	☐
My child knows what health insurance they have.	☐	☐	☐
My child knows what they need to do to keep their health insurance.	☐	☐	☐
My child and I talk about the health care transition process.	☐	☐	☐
MY CHILD'S MEDICINES *If your child does not take any medicines, please skip this section.*			
My child knows their own medicines.	☐	☐	☐
My child knows when they need to take their medicines without someone telling them.	☐	☐	☐
My child knows how to refill their medicines if and when they need to.	☐	☐	☐

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

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