



American Society of Hematology Thalassemia Transition Readiness Assessment Template

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

Date: _____ Name: _____ Date of Birth: _____

Transition and Self-care Importance and Confidence
On a scale of 0 to 10, please check the number that best describes how you feel now

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

0 (not) <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 (very) <input type="checkbox"/>
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How confident do you feel about your ability to manage your own health care?

0 (not) <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 (very) <input type="checkbox"/>
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How confident do you feel about preparing for/changing to an adult doctor before the age of 22? Not Applicable

0 (not) <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 (very) <input type="checkbox"/>
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My Health <i>Please check the box that applies to you right now</i>	No, I do not know	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
Disease Knowledge				
I know what type of thalassemia I have				
I know what some of the complications of thalassemia are				
I know the complications of iron overload and how I can prevent them				
I know my medical needs and can explain them to someone				
I know what a hematologist is and why I go to one				
I know what to do in case of a medical emergency				
I know when to go for emergency care				
I know where to go for emergency care				
I have friends that I can talk to about thalassemia				
I know about necessary tests (liver and cardiac MRI, DEXA scan, eye and ear exams etc.)				
I know how to get blood work and radiology tests				
Medication Management				
I know what my medications are for				
I know the names and doses of my medications				
I know when to take my medications or treatments				
I remember to take my medications without my parent reminding me				
I am compliant with my medications				
I know how to fill prescriptions before I run out of medications				
Blood Transfusions (if applicable)				
I know the reason why I get blood transfusions				
I make my own appointments to schedule transfusions				

Appointments	No, I do not know	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
I make my own doctors' appointments				
I know how to get medical care when the doctor's office is closed				
I fill out my own medical history form				
I keep track of my own medical information				
I keep track of my doctors' and other appointments				
I make a list of questions before my visit with my doctors				
I answer questions on my own during medical visits				
I arrange my own transportation to medical appointments				
Insurance				
I carry my own insurance card				
I understand my current insurance plan				
I have adult insurance or a plan for adult insurance is in place				
Planning for Adult Care				
My doctor and I have discussed my eventual transfer to adult care				
I have a plan for adult specialty care				
I have a plan for adult primary care				
Privacy Information				
I understand how health care privacy changes at age 18, when I am legally an adult				