

**American Society of Hematology**

**Hemophilia 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 circle the number that best describes how you feel now* |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |

 |
| How confident do you feel about preparing for/changing to an adult doctor before the age of 22? Not Applicable

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |

 |
| My Health ***Please check the box that applies to you right now.***  | 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 |  |  |  |  |
| Do you know the different names for your medical condition? |  |  |  |  |
| I know my Hemophilia Treatment Center or my hemophilia physician and how to contact them. |  |  |  |  |
| I know what a hematologist is and why I go to one. |  |  |  |  |
| I know what to do in case of a medical emergency. |  |  |  |  |
| I wear a Medic-alert device. |  |  |  |  |
| Medication Management |
| I am not on medication Yes If checked, skip this section |
| I know when to take my factor and how much to take. |  |  |  |  |
| I know what my other medications are for. |  |  |  |  |
| I fill prescriptions before they run out. |  |  |  |  |
| I know how to obtain additional factor and supplies. |  |  |  |  |
| I can self-infuse my factor. |  |  |  |  |
| I keep a record of my bleeds and infusions of factor. |  |  |  |  |
| Appointments |
| I make my own doctors’ appointments. |  |  |  |  |
| I know where to get medical care when my doctor’s office is closed. |  |  |  |  |
| I can fill out a medical history form. |  |  |  |  |
| I keep track of my own medical information. |  |  |  |  |
| I have a treatment plan. |  |  |  |  |
| I keep track of my medical and other appointments. |  |  |  |  |
| I make a list of questions before my doctors visit. |  |  |  |  |
| 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 insurance plan. |  |  |  |  |
| Privacy Information |
| I understand how health care privacy changes at age 18, when I am legally an adult. |  |  |  |  |