

TRANSITION READINESS ASSESSMENT FOR YOUTH WITH TURNER SYNDROME

BY THE ENDOCRINE SOCIETY

ENDOCRINETRANSITIONS.ORG

Please fill out this form to help us better understand your knowledge about your health, using health care and areas where we may be able to better support you. If you need help completing this form, please let us know.

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 right 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)
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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)
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MY HEALTH

Please check the box that applies to you right now.

	Yes, I know this	I need to learn	Someone else needs to do this... Who?
I understand my TS and how to manage it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand why I see each of my TS specialists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctors care about me and I can ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell other people what my medical needs are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do if I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the medicines I take and what they are for, and when I need to take them without someone reminding me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what medicines I should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have allergies, I know what I am allergic to, including medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 1-2 people who can help with my health goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain to people how my beliefs affect my care choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USING HEALTH CARE

Please check the box that applies to you right now.

	Yes, I know this	I need to learn	Someone else needs to do this... Who?
I know or I can find my doctor's name and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, I think about questions to ask my doctor.	<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 I should show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get care when my doctor's office is closed like after hours or on weekends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a list at home with my medical information, including medical summary and emergency care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a copy of my plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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USING HEALTH CARE (CONTINUED)

Please check the box that applies to you right now.

	Yes, I know this	I need to learn	Someone else needs to do this... Who?
I know how to fill out medical history forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask to be seen by other another doctor/therapist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get a blood test or x-rays if the doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, allergies, medications, and emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I am 18 the rules about my health privacy change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan so I can keep my health insurance after 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If applies) I have a plan so I can keep my disability benefits (SSI) after 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL/EMOTIONAL FACTORS

Please check the box that applies to you right now.

	Yes, I know this	I need to learn	Someone else needs to do this... Who?
I have good strategies for managing my attention when I have trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good strategies for keeping up with work or job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good strategies to see the big picture and am not too focused on details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am great at getting things done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am organized in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good relationships with classmates and co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do pretty well understanding appropriate social interaction and cues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do a lot of things other people my age can do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find my way in unfamiliar locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to go with the flow and don't mind change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mood is usually positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually find a way to connect and fit in, even if it takes time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to work under pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel positive about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I need help with a problem I can think of 1-2 adults to ask to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>