

# Sample Health Care Transition Feedback Survey for Young Adults

This is a survey about your experience with your new adult doctor or other health care provider. Your answers will help us improve our health care transition process. Your name will not be linked to your answers.

DID YOUR ADULT 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 you could understand?	<input type="checkbox"/>	<input type="checkbox"/>
Address any of your concerns about your move to a new practice/doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Give you guidance about their approach to accepting and partnering with new young adults?	<input type="checkbox"/>	<input type="checkbox"/>
Provide written or online information describing their hours and services?	<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 health goals?	<input type="checkbox"/>	<input type="checkbox"/>
Update 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"/>
Help you find adult specialists, if needed?	<input type="checkbox"/>	<input type="checkbox"/>
Help you find information about health insurance options, if needed?	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how satisfied are you with your experience with your adult doctor or other health care provider?

- Very
  Somewhat
  Not at all

Do you have any ideas for your doctor or other health care provider about welcoming new young adults into their practice?

---



---



---