FOR YOUTH & YOUNG ADULTS:

QUESTIONS TO ASK YOUR DOCTOR ABOUT TRANSITIONING TO ADULT HEALTH CARE

DURING YOUR ADOLESCENT YEARS:

☐ When do I start to meet with you on my own for part of the visit to become more independent when it comes to my own health and health care?
☐ What do I need to learn to get ready for adult health care? Do you have a checklist of self-care skills that I need to learn?
☐ Can I work with you to prepare a Medical Summary and Emergency Care Plan?
☐ When I turn 18, what information about privacy and consent do I need to know about? If I need help with making health decisions, where can I get information about this?
☐ At what age do I need to change to a new doctor for adult health care?
☐ Do you have any suggestions of adult doctors to transfer to?

BEFORE MAKING THE FIRST APPOINTMENT TO A NEW ADULT DOCTOR:

☐ Do you take my health insurance?
☐ Where is your office located? Is there parking or is it near a metro/bus stop?
☐ What are your office hours, and do you have walk-in times?
☐ What is your policy about making and cancelling appointments?
☐ If needed, can the new adult doctor help me find adult specialty doctors?

BEFORE THE FIRST VISIT TO THE NEW ADULT DOCTOR:

☐ Did you receive my medical summary from my pediatric doctor? (Call your pediatric doctor to remind them to send the medical summary before your first visit to the new adult doctor.)
☐ What should I bring to the first visit?

Please visit www.gottransition.org for more information.
FOR PARENTS:

QUESTIONS TO ASK YOUR CHILD’S DOCTOR ABOUT TRANSITIONING TO ADULT HEALTH CARE

DURING YOUR CHILD’S ADOLESCENT YEARS:

☐ When does my child start to meet with you on their own for part of the visit to become more independent when it comes to their own health and health care?

☐ What does my child need to learn to get ready for adult health care? Do you have a checklist of self-care skills that my child needs to learn?

☐ Can I work with you to prepare a Medical Summary and Emergency Care Plan for my child?

☐ Before my child turns 18 and becomes a legal adult, what information about privacy and consent do we need to learn about? If my child needs help with making health decisions, where can I get information about this?

☐ At what age does my child need to change to a new doctor for adult health care?

☐ Do you have any suggestions of adult doctors for my child to transfer to?

BEFORE MAKING THE FIRST APPOINTMENT TO A NEW ADULT DOCTOR:

☐ Do you take my health insurance?

☐ Where is your office located? Is there parking or is it near a metro/bus stop?

☐ What are your office hours, and do you have walk-in times?

☐ What is your policy about making and cancelling appointments?

☐ If needed, can the new adult doctor help find adult specialty doctors?

BEFORE THE FIRST VISIT TO THE NEW ADULT DOCTOR:

☐ Did you receive my medical summary from the pediatric doctor? (If not, call the pediatric doctor to remind them to send the medical summary before your first visit to the new adult doctor.)

☐ What should I bring to the first visit?

Please visit www.gottransition.org for more information.
This is a survey about your experience changing from pediatric to adult health care. You may choose to answer this survey or not. Your responses to this survey are confidential.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>1. How often did your previous health care provider explain things in</td>
<td>□ Always</td>
<td>7. Did your previous health care provider actively work with you to</td>
<td>□ A lot</td>
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<td>a way that was easy to understand?</td>
<td>□ Usually</td>
<td>think about and plan for the future (e.g., take time to discuss future</td>
<td>□ Some</td>
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<td></td>
<td>□ Sometimes</td>
<td>plans about education, work, relationships, and development of</td>
<td>□ A little</td>
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<td></td>
<td>□ Never</td>
<td>independent living skills)?*</td>
<td>□ Not at all</td>
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<td>2. How often did your previous health care provider listen carefully</td>
<td>□ Always</td>
<td>8. How often did you schedule your own appointments with your</td>
<td>□ Never</td>
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<td>to you?</td>
<td>□ Usually</td>
<td>previous health care provider?</td>
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<td>□ Always</td>
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<td>3. Did your previous health care provider respect how your customs or</td>
<td>□ A lot</td>
<td>9. Did your previous health care provider explain legal changes in</td>
<td>□ Yes</td>
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<tr>
<td>beliefs affect your care?</td>
<td>□ Some</td>
<td>privacy, decision-making, and consent that take place at age 18?</td>
<td>□ No</td>
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<td>□ A little</td>
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<td>□ Not at all</td>
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<td>4. Did your previous health care provider discuss with you or have an</td>
<td>□ Yes</td>
<td>10. Did your previous health care provider actively work with you to</td>
<td>□ Yes</td>
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<td>office policy that informed you at what age you may need to change to</td>
<td>□ No</td>
<td>create a written plan to meet your health goals and needs?*</td>
<td>□ No</td>
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<td>a new provider who treats mostly adults?</td>
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<td>5. Did you talk with your previous health care provider without your</td>
<td>□ Yes</td>
<td>11. Did your previous health care provider create and share with you</td>
<td>□ Yes</td>
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<td>parent or guardian in the room?</td>
<td>□ No</td>
<td>your medical summary?</td>
<td>□ No</td>
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<td>6. Did your previous health care provider actively work with you to</td>
<td>□ A lot</td>
<td>12. Did your previous health care provider have information about</td>
<td>□ Yes</td>
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<td>gain skills to manage your own health and health care (e.g., know your</td>
<td>□ Some</td>
<td>community resources?</td>
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<td>13. Do you know how you will be insured as you become an adult?*</td>
<td>□ Yes</td>
<td></td>
<td></td>
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<td></td>
<td>□ No</td>
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Continued »
14. Did your previous health care provider assist you in identifying a new adult provider to transfer to?
   ☐ Yes
   ☐ No

15. Did your adult health care provider have your medical records before your first visit?
   ☐ Yes
   ☐ No
   ☐ Don’t Know
   ☐ Have not had first visit yet

16. Did you feel prepared to change to an adult health care provider?
   ☐ Very prepared
   ☐ Somewhat prepared
   ☐ Not prepared

17. At what age did you change to an adult health care provider?
   Age ______

18. How could your pediatric health care provider have made your move to an adult health care provider better?

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
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   ____________________________________________
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   ____________________________________________

Thank you.

*Adapted from the National Survey of Children’s Health*
Sample Health Care Transition Feedback Survey
for Parents/Caregivers
Six Core Elements of Health Care Transition 2.0

This is an optional survey about your experience changing from pediatric to adult health care. If you choose to, please answer each question by marking the box to the left of the answer. Your responses to this survey are confidential.

1. How often did your child’s health care provider explain things in a way that was easy to understand?
   - [ ] Always
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Never

2. How often did your child’s health care provider listen carefully to you?
   - [ ] Always
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Never

3. Did your child’s health care provider respect how your customs or beliefs affect your care?
   - [ ] A lot
   - [ ] Some
   - [ ] A little
   - [ ] Not at all

4. Did your child’s health care provider discuss with you or have an office policy that informed you at what age your child may need to change to a new provider who treats mostly adults?
   - [ ] Yes
   - [ ] No

5. Did your child talk with your health care provider alone while you waited in the waiting room?
   - [ ] Yes
   - [ ] No
   - [ ] Not applicable (if child has significant intellectual disabilities)

6. Did your child’s health care provider actively work with your child to gain skills to manage his/her own health and health care (e.g., know his/her medications and their side effects, know what to do in an emergency)?*
   - [ ] A lot
   - [ ] Some
   - [ ] A little
   - [ ] Not at all

7. Did your child’s health care provider actively work with your child to think about and plan for the future (e.g., take time to discuss future plans about education, work, relationships, and development of independent living skills)?*
   - [ ] A lot
   - [ ] Some
   - [ ] A little
   - [ ] Not at all

8. How often did your child schedule his/her own appointments with his/her previous health care provider?
   - [ ] Never
   - [ ] Sometimes
   - [ ] Usually
   - [ ] Always
   - [ ] Not applicable

9. Did your child’s health care provider explain legal changes in privacy, decision-making, and consent that take place at age 18?
   - [ ] Yes
   - [ ] No

10. Did your child’s health care provider actively work with your child and you to create a written plan to meet his/her health goals and needs?*
    - [ ] Yes
    - [ ] No

11. Did your child’s health care provider create and share his/her medical summary with your child and you?
    - [ ] Yes
    - [ ] No

12. Did your child’s health care provider have information about community resources?
    - [ ] Yes
    - [ ] No

Continued »
13. Do you know how your child will be insured as he/she becomes an adult?*
   □ Yes
   □ No

14. Did your child’s health care provider assist in identifying a new adult provider to transfer to?
   □ Yes
   □ No

15. Did your child’s adult health care provider have his/her medical records before the first visit?
   □ Yes
   □ No
   □ Don’t Know
   □ Have not had first visit yet

16. Did your child feel prepared to change to an adult health care provider?
   □ Very prepared
   □ Somewhat prepared
   □ Not prepared
   □ Not applicable

17. At what age did your child change to an adult health care provider?
   Age ______

18. How could your child’s health care provider have made the move to an adult health care provider better for you and your child?

   __________________________________________________________
   __________________________________________________________
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   Thank you.

*Adapted from the National Survey of Children’s Health