

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

| 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 | | | | |