American College of Cardiology

Pediatric to Adult Care Transitions Tools

Congenital Heart Transition Self-Assessment for Adults— Six Core Elements of Health Care Transition 2.0

Adapted from the Got Transition Initiative

Please fill out this form to help us see what you already know about your health, using health care and areas that you need to learn more about. If you need help completing this form, please let us know.

Today's Date (mm/dd/yyyy):											
Name (Last/First):					**Date of Birth (mm/dd/yyyy):**						

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 that you are able to manage your own health care in adulthood?

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)

My Health *Please check the box that applies to you right now.*	Yes, I know this	I need to learn more	Not applicable
I can name and/or describe my heart condition	☐	☐	☐
I can name and/ or describe the cardiac surgeries or procedures I have had	☐	☐	☐
I know I need life-long heart care from a congenital heart disease specialist	☐	☐	☐
I know what I have to in case I have a medical emergency	☐	☐	☐
I know the names and doses of my medications and when to take them	☐	☐	☐
I know my allergies to medicines	☐	☐	☐
I can explain to others how my customs and beliefs could affect my health care decisions and medical treatment	☐	☐	☐
Using Health Care			
I know or can find the name and contact information for my heart doctor (cardiologist)	☐	☐	☐
I make my own doctor appointments	☐	☐	☐
Before a visit, I think about questions to ask	☐	☐	☐
I know how to get to my doctor's office	☐	☐	☐

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I know to have a paper or electronic file for my medical information	☐	☐	☐
I know to ask my doctor or nurse for recommendations if I need see other doctors	☐	☐	☐
I know how to refill my medicines	☐	☐	☐
I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary)	☐	☐	☐
I know I need to maintain health insurance throughout my life	☐	☐	☐
I know how to contact my health insurance company with questions or concerns	☐	☐	☐