



*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.

<b>Today's Date (mm/dd/yyyy):</b>										
<b>Name (Last/First):</b>						<b>Date of Birth (mm/dd/yyyy):</b>				
Transition and Self-Care Importance and Confidence <i>On a scale of 0 to 10, please circle the number that best describes how you feel right now.</i>										
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)
<b>My Health</b> <i>Please check the box that applies to you right now.</i>							<i>Yes, I know this</i>	<i>I need to learn more</i>	<i>Not applicable</i>	
I can name and/or describe my heart condition							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can name and/ or describe the cardiac surgeries or procedures I have had							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know I need life-long heart care from a congenital heart disease specialist							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know what I have to in case I have a medical emergency							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know the names and doses of my medications and when to take them							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know my allergies to medicines							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can explain to others how my customs and beliefs could affect my health care decisions and medical treatment							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Using Health Care</b>										
I know or can find the name and contact information for my heart doctor (cardiologist)							<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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to get to my doctor's office							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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