IBD Transition Registry
Early Adolescence: Age 12-14

For the Patient:

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 need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name: Date of Birth:

New Knowledge and Responsibilities	*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 to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

How confident do you feel about your ability to prepare for/change to an adult doctor?

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*	*Someone needs to do this… Who?*
I can describe my GI condition	☐	☐	☐
I can explain my medical needs to others.	☐	☐	☐
I know my symptoms including ones that I quickly need to see a doctor for.	☐	☐	☐
I know what to do in case I have a medical emergency.	☐	☐	☐
I know my own medicines, their side effects, and when I need to take them.	☐	☐	☐
I know my allergies to medicines and medicines I should not take.	☐	☐	☐
I can describe how my GI condition affects me on a daily basis	☐	☐	☐
Using Health Care			
I know or I can find my doctor's phone number.	☐	☐	☐
I know my doctors' and nurses' names and roles	☐	☐	☐
I ask and can answer at least 1 question at my doctor's appointments.	☐	☐	☐
I can use and read a thermometer	☐	☐	☐
I know to show up 15 minutes before the visit to check in.	☐	☐	☐
I know where to go to get medical care when the doctor's office is closed.	☐	☐	☐
I have a file at home for my medical information.	☐	☐	☐
I know where my pharmacy is and how to refill my medicines.	☐	☐	☐
I know where to get blood work or x-rays if my doctor orders them.	☐	☐	☐

IBD Transition Registry
Mid-Adolescence: Age 14-17

For the Patient:

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 need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name: Date of Birth:

Building Knowledge and Practicing Independence *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 to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

How confident do you feel about your ability to prepare for/change to an adult doctor?

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*	*Someone needs to do this… Who?*
I know the names and purposes of the tests that are done	☐	☐	☐
I know what can trigger a flare of my disease	☐	☐	☐
I know my medical history	☐	☐	☐
I know what to do in case I have a medical emergency.	☐	☐	☐
I understand that I will eventually transition to an adult gastroenterologist	☐	☐	☐
I know my allergies to medicines and medicines I should not take.	☐	☐	☐
I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, and medical summary).	☐	☐	☐
I understand the risk of not taking my medication	☐	☐	☐
I understand the impact of drugs and alcohol on my condition	☐	☐	☐
I understand the impact of my GI condition on my sexuality	☐	☐	☐

Using Health Care			
I know or I can find my doctor's phone number.	☐	☐	☐
I know my doctors' and nurses' names and roles	☐	☐	☐
I reorder my medications and call my doctors for refills	☐	☐	☐
I answer many questions during a healthcare visit	☐	☐	☐
I know to show up 15 minutes before the visit to check in.	☐	☐	☐
I know where to go to get medical care when the doctor's office is closed.	☐	☐	☐
I have a file at home for my medical information.	☐	☐	☐

Transition Readiness Assessment
Mid-Adolescence: Age 14-17

Using Health Care *now.*	***Please check the box that applies to you right***	*Yes, I know this*	*I need to learn*	*Someone needs to do this… Who?*
I know how to fill out medical forms.		☐	☐	☐
I know how to get referrals to other providers.		☐	☐	☐
I know where my pharmacy is and how to refill my medicines.		☐	☐	☐
I know where to get blood work or x-rays if my doctor orders them.		☐	☐	☐
My family and I have discussed my ability to make my own health decisions at age 18		☐	☐	☐

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IBD Transition Registry
Late Adolescence: Age 17+

For the Patient:

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 need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name: Date of Birth:

Taking Charge

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 to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)

How confident do you feel about your ability to prepare for/change to an adult doctor?

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*	*Someone needs to do this… Who?*
I can describe what medications I should not take because they might interact with the medications I am taking for my health condition	☐	☐	☐
I know what can trigger a flare of my disease	☐	☐	☐
I am alone with the doctor or choose who is with me during a healthcare visit	☐	☐	☐
I can tell someone what new legal rights and responsibilities I gained when I turned 18	☐	☐	☐
I know I will transition my care to an adult gastroenterologist	☐	☐	☐
I manage all of my medical tasks outside the home (school, work)	☐	☐	☐
I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, and medical summary).	☐	☐	☐
I know how to get more information about IBD	☐	☐	☐
I understand the impact of drugs and alcohol on my condition	☐	☐	☐
I understand the impact of my GI condition on my sexuality	☐	☐	☐

Using Health Care

I know or I can find my doctor's phone number.	☐	☐	☐
I know my doctors' and nurses' names and roles	☐	☐	☐
I can book my own appointments, refill prescriptions, and contact my medical team	☐	☐	☐
I answer many questions during a healthcare visit	☐	☐	☐
I know to show up 15 minutes before the visit to check in.	☐	☐	☐
I know where to go to get medical care when the doctor's office is closed.	☐	☐	☐
I can tell someone how long I can be covered under my parents' health insurance plan.	☐	☐	☐

Transition Readiness Assessment
Late Adolescence: Age 17+

Using Health Care, cont'd. ***now.***	***Please check the box that applies to you right***	*Yes, I know this*	*I need to learn*	*Someone needs to do this… Who?*
I know how to fill out medical forms.		☐	☐	☐
I know how to get referrals to other providers.		☐	☐	☐
I know where my pharmacy is and how to refill my medicines.		☐	☐	☐
I know where to get blood work or x-rays if my doctor orders them.		☐	☐	☐
My family and I have discussed my ability to make my own health decisions at age 18		☐	☐	☐