

Site ID: _____
Patient ID: _____
Date: _____

STARx Transition Readiness Questionnaire (Adolescent Version)

DIRECTIONS

Patients with chronic health conditions need to have special skills and do special tasks to stay healthy.

On the following pages, please check the box underneath the answers that describe you most.

If you do not understand a question, just ask for help. We're here to help you 😊

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Section 1 :

- **How often have you done the following things?**
- **Please check the box that tells how often you have done each thing in the *PAST 3 MONTHS*.**

In the past 3 months ...	Never	Almost Never	Sometimes	Almost Always	Always	I do not take medicines right now
1. How often did you make an effort to understand what your doctor told you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. How often did you take your medicines on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often did you ask your doctor or nurse questions about your illness, medicines or medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. How often did you make your own appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. How often did you need someone to remind you to take your medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often did you use things like pillboxes, schedules, or alarm clocks to help you take your medicines when you were supposed to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often did you use the internet, books or other guides to find out more about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. How often did you forget to take your medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often did you work with your doctor to take care of new health problems that came up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 2:

- **Some patients know a lot about their health and some patients don't.**
- **How much do you know?**
- **Please check the answer that best describes how much you feel you know *TODAY*.**

	Nothing	Not Much	A little	Some	A Lot	I do not take medicines right now
10. How much do you know about your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. How much do you know about taking care of your illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. How much do you know about what will happen if you don't take your medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 3:

- Some patients may find it hard to do certain things.
- How easy or hard is it for you to do the following things?
- Please check the answer that best describes how you feel *TODAY*.

	Very Hard	Somewhat Hard	Neither Hard nor Easy	Somewhat Easy	Very Easy	I do not take medicines right now
13. How easy or hard is it to talk to your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. How easy or hard is it to make a plan with your doctor to care for your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. How easy or hard is it to see your doctor by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. How easy or hard is it to take your medicines like you are supposed to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How easy or hard is it to take care of yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. How easy or hard do you think it will be to move from pediatric to adult care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	