

Patient Name		Date	
Medical Record #	Transition ID	Institution	

UNC T.R_xA.N.S.I.T.I.O.N. Scale™ for Parents:

Instructions: Read the question to the parent, and circle the choice on the right that best describes the parent's response. Sum the scores for each section in the "Subtotal" row. Not all questions may be applicable to each parent. Divide the subtotal by the number of applicable questions in each section to obtain the "Proportion".

Type of chronic health condition

		Correct	Non-specific	Incorrect
1	What is the name of your child's health condition?	1.0	0.5	0.0
2	What physical symptoms does your child experience because of their health condition?	1.0	0.5	0.0
3	How might [name of health condition] affect your child's health in the future?	1.0	0.5	0.0
<i>Sum the scores for this section</i>		Subtotal T		_____ out of 3
<i>Divide the subtotal by the number of applicable questions</i>		Proportion T		

R_x: Medications

		Can name all	Can name some	Cannot name any	N/A
[Write in prescribed meds in advance; enter the total number of meds in the middle column ("Number of Meds") for each question in this section] _____ _____ _____		1.0	0.5	0.0	
4	What are the names of the medicines, vitamins, and/or supplements your child is supposed to be taking for their health condition?	1.0	0.5	0.0	
5	When is your child supposed to take [name each medication, vitamin, and supplement patient should be taking]?	1.0	0.5	0.0	
6	What is the purpose of [name each medication, vitamin, and supplement patient should be taking]?	1.0	0.5	0.0	
7	What could happen to your child if he/she did not take [name each medication, vitamin, and supplement patient should be taking] like the doctor has asked them to?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal R _x		_____ out of _____	
<i>Divide the subtotal by the number of possible points</i>		Proportion R _x			

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This form has been approved by the IRB for use between 02/23/2012 and 02/21/2013

Adherence

		Yes	Sometimes	No	N/A
8	In a typical week, does your child usually miss a full day of medicine, either because he/she forgot to take it or didn't want to take it?	0.0	0.5	1.0	
9	Does your child usually have trouble remembering to take his/her medicines every day?	0.0	0.5	1.0	
10	Does your child usually come to their doctor appointments when they are scheduled?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal A		___ out of ___	
<i>Divide the subtotal by the number of applicable questions</i>		Proportion A			

Nutrition

		Yes	Has an idea	No	
11	When choosing foods and drinks, does your child read the nutrition labels on them to find out if they are healthy choices?	1.0	0.5	0.0	
12	Is your child supposed to follow any special diet because they have [name of health condition]?	1.0	0.5	0.0	
13	<i>[if the patient is on a special diet]</i> What are examples of foods and drinks your child should have more or less of?	1.0	0.5	0.0	N/A
<i>Sum the scores for this section</i>		Subtotal N		___ out of ___	
<i>Divide the subtotal by the number of applicable questions</i>		Proportion N			

Self-management skills

		Yes	Sometimes	No	N/A
14	Does your child usually remember to take his/her medicines on their own?	1.0	0.5	0.0	
15	Does someone usually have to remind your child to take their medicines?	0.0	0.5	1.0	
16	Does your child usually call in their prescription refills himself/herself?	1.0	0.5	0.0	
17	Does your child usually pick-up refills from the pharmacy himself/herself?	1.0	0.5	0.0	
18	Does your child usually call or email his/her doctor when they have a question or need to speak with him/her?	1.0	0.5	0.0	

19	Does your child usually make their own doctor appointments?	1.0	0.5	0.0	
20	<i>[if the patient has medical procedures to perform]</i> Does your child usually perform his/her medical procedures on their own (catheterization, insulin shots, etc)?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal S	___ out of ___		
<i>Divide the subtotal by the number of applicable questions</i>		Proportion S			

Issues of reproduction

		Knows definitely	Has an idea	Does not know	
21	Will your child's health condition likely affect his/her ability to: <i>[if female]</i> become pregnant? <i>[if male]</i> get someone pregnant?	1.0	0.5	0.0	
22	<i>[Females only]</i> What risks might your child face if/when she becomes pregnant because she has [name of health condition]?	1.0	0.5	0.0	N/A
23	<i>[Females only]</i> Does your child take any medicines that would be harmful to an unborn baby if she became pregnant?	1.0	0.5	0.0	N/A
24	Can you tell me ways sexually active people help protect themselves from unwanted pregnancy or STD's?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal I			
<i>Male</i>		___ out of 2			
<i>Female</i>		___ out of 4			
<i>Divide the subtotal by the number of applicable questions</i>		Proportion I			

Trade / School

		Knows definitely	Has an idea	Does not know	
25	What are your child's future plans in regards to school and/or a job?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal T	___ out of 1		
<i>Divide the subtotal by the number of applicable questions</i>		Proportion T			

Insurance

		Knows definitely	Has an idea	Does not know	
26	What is health insurance and why it is important for your child to have?	1.0	0.5	0.0	
27	What is the name of your child's current health insurance provider?	1.0	0.5	0.0	
28	<i>[If child is currently insured]</i> At what age will your child's current health insurance coverage end?	1.0	0.5	0.0	N/A
29	How can your child get health insurance coverage for himself/herself when they age out of their current coverage?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal I	___ out of ___		
<i>Divide the subtotal by the number of applicable questions</i>		Proportion I			

Ongoing support

		S/he will do it	Parents / friends	Does not know	
30	When your child becomes an adult, who will manage his/her health condition? For example, help them remember to take their medicines, call in prescription refills, pick up meds from pharmacy, and make doctor appointments.	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal 0	___ out of 1		

New health care providers

		Knows definitely	Has an idea	Does not know	
31	When it comes time for your child to switch to an adult doctor, how will you find one?	1.0	0.5	0.0	
32	In order to get your child's medical records transferred to another doctor, what is required to make this happen?	1.0	0.5	0.0	
<i>Sum the scores for this section</i>		Subtotal N	___ out of 2		
<i>Divide the subtotal by the number of applicable questions</i>		Proportion N			

Raw total score	<i>Sum all section subtotals here (max 32)</i>	
T.R_xA.N.S.I.T.I.O.N Score™	<i>Sum all section proportions, or divide the raw total score by the total number of eligible questions (max 10)</i>	

<http://unckidneycenter.org/hcprofessionals/transition.html>