

## TRANSITION CHECKLIST

Read the statements below and tick the relevant box for each. This will highlight the areas you need to get some advice about. This will help you as you prepare for your transition. You should discuss any concerns with your parent(s)/guardian(s) and health care team.

KNOWLEDGE	Happy with this	Need some advice about this	NOTES
I understand my medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
I know about the tests that I need to have	<input type="checkbox"/>	<input type="checkbox"/>	
I know the names of my medications and what they do	<input type="checkbox"/>	<input type="checkbox"/>	
I know when and how to take my medication/treatments	<input type="checkbox"/>	<input type="checkbox"/>	
I am aware of my medical history (e.g. hospital visits, procedures, tests)	<input type="checkbox"/>	<input type="checkbox"/>	
I know the main differences between child and adult health care services	<input type="checkbox"/>	<input type="checkbox"/>	
I am happy to talk to the chemist about my medication/treatment	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to care for my medical equipment (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
I know who to call in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	
SPEAKING UP FOR YOURSELF	Happy with this	Need some advice about this	NOTES
I feel ready to prepare to be seen alone in the young person's/adult clinic	<input type="checkbox"/>	<input type="checkbox"/>	
I feel confident to ask my own questions in clinic	<input type="checkbox"/>	<input type="checkbox"/>	
I understand that I will have to take more responsibility for my health care as I get older	<input type="checkbox"/>	<input type="checkbox"/>	

I keep a record of my hospital/clinic appointments	<input type="checkbox"/>	<input type="checkbox"/>	
<b>HEALTH AND LIFESTYLE</b>	<b>Happy with this</b>	<b>Need some advice about this</b>	<b>NOTES</b>
I am aware of the choices that I have to make in order to have a healthy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
I know how much exercise is recommended for me	<input type="checkbox"/>	<input type="checkbox"/>	
I understand the risks of taking alcohol and drugs	<input type="checkbox"/>	<input type="checkbox"/>	
I know how important appropriate eating is for me	<input type="checkbox"/>	<input type="checkbox"/>	
I am aware that my medical condition may change as I get older	<input type="checkbox"/>	<input type="checkbox"/>	
I know where to get more information about my condition and other aspects of my life (e.g. sexual health, sport, education)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ABOUT TRANSITION</b>	<b>Happy with this</b>	<b>Need some advice about this</b>	<b>NOTES</b>
I understand the meaning of 'transition' and the reasons why I have to move to adult health services	<input type="checkbox"/>	<input type="checkbox"/>	
I understand about the transfer of my medical records/files to the adult health service	<input type="checkbox"/>	<input type="checkbox"/>	
I have found out about the challenges that I could expect during the transition process and feel ready to deal with them	<input type="checkbox"/>	<input type="checkbox"/>	