

Transition Readiness Assessment Questionnaire 3.0

Direction: We would like to know how you describe your skills in the areas that are important in your care. Your answers will help us provide services and education that will be important in preparing you to transition to adult health care. There are no right or wrong answers and your answers will remain confidential and private. Please check the box that you feel best describes you.

	I do not need to do this	I do not know how but I want to learn	I am leaning to do this	I have started doing this	I always do this when I need to
TRAQ DOMAIN 1: Skills for Chronic Condition Self-Management					
1. Do you fill a prescription if you need to?					
2. Do you know the side effects or bad reactions of each medication & what to do if you are having a bad reaction?					
3. Do you pay or arrange payments for your medications?					
4. Do you take medications correctly and on your own?					
5. Do you reorder medications before they run out?					
6. Do you use and take care of medical equipment and supplies?					
7. Do you call the suppliers when there is a problem with the equipment?					
8. Do you order medical equipment before they run-out?					
9. Do you arrange payment for the medical equipment and supplies?					
10. Do you call the doctor's office to make an appointment?					
11. Do you follow-up on any referral for tests or check-ups or labs?					
12. Do you arrange for your ride to medical appointments?					
13. Do you call the doctor about unusual changes in your health (Ex. Allergic reactions)?					
14. Do you apply for health insurance if you lose your current coverage?					
15. Do you know what your health insurance covers?					
16. Do you manage your money & budget household expenses (Ex. use checking/debit card)?					

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TRAQ DOMAIN 2: Skills for Self-Advocacy and Health Care Utilization					
17. Do you fill out the medical history form, including a list of your allergies?					
18. Do you keep a calendar or list of medical and other appointments?					
19. Do you tell the doctor or nurse what you are feeling?					
20. Do you answer questions that are asked by the doctor, nurse or clinic staff?					
21. Do you ask questions of the doctor, nurse or clinic staff (Ex. What medications or treatments are best for you)?					
22. Do you make a list of questions before the doctor's visit?					
23. Do you request and get the accommodations & support you need at school or work?					
24. Do you apply for a job or work or vocational services?					
25. Do you get financial help with school or work?					
26. Do you help plan or prepare meals/food?					
27. Do you keep home/room clean or clean-up after meals?					
28. Do you use neighborhood stores and services (Ex. Grocery stores and pharmacy stores)?					
29. Do you call on and use community support services (Ex. After school programs) and advocacy services (Ex. Legal services) when you need them?					