

Individual Transition Plan for Youth

Name : _____

Date : _____

A. MY CONDITION

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	n/a	<i>Explanation (optional)</i>
1. I can describe my condition.							
2. I understand what my doctor tells me.							
3. I know what medication I'm taking.							
4. I know what my medication is for.							
5. I know the side effects of my medication.							
6. I know what kind of life I can expect when I'm an adult.							
7. I know what to expect when I transfer to adult care (the people I'm going to deal with, things that will change, etc.).							
8. I know why I need to get regular check-ups in hospital.							

B. MY GENERAL HEALTH

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	n/a	<i>Explanation (optional)</i>
9. I know how to deal with pain.							
10. I know how to deal with fatigue.							
11. I know how to deal with other physical complaints. (disease-specific; to be specified)							
12. I know how important a healthy lifestyle (physical exercise, healthy diet, etc.) is for my general health and for my condition.							
13. I know the risks of smoking, alcohol and drug use for my general health and for my condition.							

C. MY INDEPENDENCE

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	n/a	<i>Explanation (optional)</i>
14. I ask questions myself during consultations.							
15. I tell the doctor / nurse what I feel and think.							
16. At each consultation I have a word with my healthcare provider alone for some time.							

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	<i>n/a</i>	<i>Explanation (optional)</i>
18. I know what I must do when I go away for a while, e.g. holiday or sleepover (arrange for medication, vaccinations, health insurance, doctor's certificate, prescriptions and materials).							
19. I myself ask for a new prescription when I run out of my medicines.							
20. I pick up the medication myself at the pharmacy.							
21. I always remember myself to take my medication.							
22. I know what to do if I forget to take a dose of my medication.							
23. If necessary I can treat myself at home.							
24. I keep track of my appointments at the hospital or rehabilitation centre.							
25. I keep to the agreements I make with my doctor / nurse.							
26. I know what could happen when I don't keep to the agreements made with my doctor / nurse.							
27. There is someone I can talk to if I feel down or if I'm angry about something.							
28. I can deal with bullying.							
29. I defend myself and show where my boundaries are.							
30. I'm confident about the way I look.							
31. I choose myself how to take care of myself and what's good for me.							
32. I know my treatment rights and obligations (information provision, privacy, decision-making and permission).							
33. I know what organizations support young people with my condition.							

D. MY ROLE IN THE HOUSEHOLD

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	<i>n/a</i>	<i>Explanation (optional)</i>
34. I'm responsible for one or more household chores.							
35. I do the shopping.							
36. I cook myself.							
37. I know what adaptations are needed for living independently and what social benefits I'm entitled to.							

E. MY SCHOOL & WORK

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	<i>n/a</i>	<i>Explanation (optional)</i>
38. I have no problems going to school, e.g. transport, homework, physical training, friends, etc.							
39. I know what I would like to become once I finish school.							
40. I have a part-time job.							
41. I know what negative effects my condition can have on education and professional life.							
42. I know how and what to tell an employer or mentor about my condition.							

F. MY FINANCES AND MOBILITY

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	<i>n/a</i>	<i>Explanation (optional)</i>
43. I know what social benefits I may be entitled to (in the future).							
44. I know the consequences of my condition for health insurance.							
45. I know how to apply for medical appliances / assistive aids I need for my condition.							
46. I arrange transport myself when I want to go somewhere.							
47. I manage my own finances.							

G. MY LEISURE TIME AND FRIENDS

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	<i>n/a</i>	<i>Explanation (optional)</i>
48. My friends know about my condition.							
49. I tell my friends if there's something I cannot do.							
50. My friends understand that sometimes I cannot join in.							
51. I see my friends after school.							
52. I'm a member of a (sports) club or some other association and I do the things I'd like to do in my leisure time.							

H. MY RELATIONSHIPS AND SEXUALITY

	Not at all!	A little	Just about	Yes, definitely	<i>I want to work on this</i>	<i>n/a</i>	<i>Explanation (optional)</i>
53. I know where I can get reliable information on sex issues.							
54. I wouldn't be embarrassed to ask my doctor about sexuality.							
55. I know the consequences of my condition and treatment on sexuality.							
56. I know the consequences of my condition and treatment on pregnancy and parenthood.							
57. I know how to avoid situations such as STD's (sexually transmitted diseases) or unwanted pregnancy.							