

Transition Readiness Assessment Questionnaire (TRAQ)

Patient Name: _____ Date of Birth: ___/___/___ Today's Date ___/___/___ (MRN# _____)

Directions to Youth and Young Adults: Please check the box that best describes **your** skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.

Directions to Caregivers/Parents: If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes **your** skill level. **Check here** if you are a parent/caregiver completing this form.

	<i>No, I do not know how</i>	<i>No, but I want to learn</i>	<i>No, but I am learning to do this</i>	<i>Yes, I have started doing this</i>	<i>Yes, I always do this when I need to</i>
Managing Medications					
1. Do you fill a prescription if you need to?					
2. Do you know what to do if you are having a bad reaction to your medications?					
3. Do you reorder medications before they run out?					
4. Do you explain any medications (name and dose) you are taking to healthcare providers?					
5. Do you speak with the pharmacist about <u>drug interactions</u> or other concerns related to your medications?					
Appointment Keeping					
6. Do you call the doctor's office to make an appointment?					
7. Do you follow-up on referrals for tests or check-ups or labs?					
8. Do you arrange for your ride to medical appointments?					
9. Do you call the doctor about unusual changes in your health (for example: allergic reactions)?					
Tracking Health Issues					
10. Do you fill out the medical history form, including a list of your allergies?					
11. Do you keep a calendar or list of medical and other appointments?					
12. Do you tell the doctor or nurse what you are feeling?					
13. Do you contact the doctor when you have a health concern?					
14. Do you make or help make medical decisions pertaining to your health?					
15. Do you attend your medical appointment or part of your appointment by yourself?					
Talking with Providers					
16. Do you ask questions of your nurse or doctor about your health or health care?					
17. Do you answer questions that are asked by the doctor, nurse, or clinic staff?					
18. Do you ask your doctor or nurse to explain things more clearly if you do not understand their instructions to you?					
19. Do you tell the doctor or nurse whether you followed their advice or recommendations?					
20. Do you explain your health history to your healthcare providers (including past surgeries, allergies, and medications)?					
Please circle how you feel about the following statements					
	Not at all important	Not too important	Somewhat important	Important	Very Important
How important is it to you to manage your own health care?	1	2	3	4	5
How confident do you feel about your ability to manage your own health care?	1	2	3	4	5