

Responsibilities Checklist: My Disease

Let your care team know your skill level in the following areas that are important for transition to adult healthcare by placing the number from 1 to 5 in the boxes below. There is no right or wrong answer, and your answers will be kept private.

Name: _____

Date: _____

- 1** No, I don't know **2** No, but I want to learn **3** No, but I am learning to do this **4** Yes, I have started doing this **5** Yes, I always do this when I need to

1. I can explain what IBD is and how it affects my body	1	2	3	4	5
2. I can identify early signs of a flare and know when to let my IBD care team know	1	2	3	4	5
3. I can speak up and make sure my health needs are met	1	2	3	4	5
4. I can identify some of my IBD triggers and things that make my symptoms worse	1	2	3	4	5

- 1** No, I don't know **2** No, but I want to learn **3** No, but I am learning about this **4** Yes, but I would like to learn more **5** Yes, I could explain this to someone

5. I know what part of the intestine my IBD is in	1	2	3	4	5
6. I know what surgeries I have had	1	2	3	4	5
7. I know which foods make my IBD worse	1	2	3	4	5

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My Goals:

Work with your care team to identify some goals and write them below. Try to make goals that are specific. Include what you want to do and how you will do it. Then, decide when you want to reach your goal. Once you've reached your goal, check it off, celebrate, and move on to the next one! You've got this!

What I want to do	How I'm going to do it	When I will have it done	I'm going to do it! (Initials)		I did it!
			Patient	HCP	
<i>Schedule my next appointment</i>	<i>I will review my school calendar with my parents and then call the front office to schedule my next checkup on a day I don't have soccer practice.</i>	<i>By the end of the week</i>	<i>T.S.</i>	<i>M.D.</i>	<input checked="" type="checkbox"/>