

Responsibilities Checklist: My Life

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 talk to friends and romantic partners about my IBD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find someone to talk to if I am feeling depressed or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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

3. I understand the impact of drugs and alcohol on my IBD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I know how to talk to others about my IBD and how to find IBD community support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I know what self-care is and why it is important to my overall health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I know how IBD and certain IBD medications can affect my sexuality and fertility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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"/>