



# CF Responsibilities Checklist

## CF Transfer

Name: \_\_\_\_\_

**Note: There are no right or wrong answers to this survey.**

Date: \_\_\_\_\_

Please provide your honest feedback below so that we can work together to improve the management of your CF over time.

<b>1</b> The person with CF is completely responsible	<b>2</b> The person with CF is primarily responsible	<b>3</b> The person with CF and I are equally responsible	<b>4</b> I am primarily responsible	<b>5</b> I am completely responsible	<b>NA</b> Not Applicable
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*Please indicate the person in your household responsible for each of the following healthcare behaviors by placing the appropriate number from 1 to 5, or NA for Not Applicable, in the boxes below:*

1. Identifying a preferred adult CF care team	
2. Finding adult primary care and specialist physicians	
3. Determining a specific transfer date with paediatric and adult care teams	
4. Confirming referral of care from paediatric to adult team has been completed	
5. Scheduling an appointment to meet with adult care team before transfer	
6. Scheduling and attending appointment to review medical history with the adult care team	
7. Answering questions about medical history with the adult care team	
8. Scheduling appointments for future visits with the adult CF care team	

*Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 8 and enter the result in the box.*

\_\_\_\_\_ / 8 = **Average Responsibility Reported:**