

CF Responsibilities Checklist



3: Living With Cystic Fibrosis

Name: _____

Note: There are no right or wrong answers to this survey.
Please provide your honest feedback below so that we can work together to improve the management of your CF over time.

Date: _____

| | | | | | | | | | | | |
|----------|-----------------------------|----------|----------------------------|----------|---|----------|--|----------|---|-----------|----------------|
| 1 | I am completely responsible | 2 | I am primarily responsible | 3 | My support person and I are equally responsible | 4 | My support person is primarily responsible | 5 | My support person is completely responsible | NA | Not Applicable |
|----------|-----------------------------|----------|----------------------------|----------|---|----------|--|----------|---|-----------|----------------|

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 someone with whom psychological and emotional issues can be discussed | |
| 2. | Telling close friends, family members, teachers, administrators, etc. about CF | |
| 3. | Knowing how to answer or having prepared answers for questions about CF from others | |
| 4. | Making sure to follow infection control standards (eg, cleaning your nebuliser regularly) | |
| 5. | Making healthy lifestyle choices related to vaping, drugs, alcohol, and cigarettes | |
| 6. | Recognising limits (eg, days you may need extra sleep) | |
| 7. | Making time for exercise | |
| 8. | Making time for fun and hobbies | |
| 9. | Preparing for hospital visits/tune-ups | |

Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 9 and enter the result in the box.

_____ / 9 = **Average Responsibility Reported:**