



Name: _____ Date: _____

Note: There are no right or wrong answers to this survey. Please answer as truthfully as possible. That way we can work together to manage your CF as you get older.

CF Responsibilities Checklist

1: Responsibility for CF Treatments

- 1** I *always* do this on my own
- 2** I *usually* do this on my own
- 3** My parent or support person and I do this together
- 4** My parent or support person *usually* does this
- 5** My parent or support person *always* does this
- NA** Does not apply to me

In each open box below, write the number that most correctly describes who is responsible for each of these actions.

1. Remembering to do CF medicines and treatments as prescribed by the care team	<input type="radio"/>
2. Keeping CF medicines and treatments in the right place, for example in the refrigerator or away from heat	<input type="radio"/>
3. Remembering to take medicines and treatments when away from home (at school, at a friend's house or on vacation)	<input type="radio"/>
4. Setting up and putting away airway clearance treatment equipment	<input type="radio"/>
5. Setting up nebulized medicines	<input type="radio"/>
6. Taking enzymes at the right time	<input type="radio"/>
7. Cleaning my medical equipment and devices as directed by the CF care team	<input type="radio"/>
8. Disinfecting and sterilizing medical equipment and devices as directed by the CF care team	<input type="radio"/>
9. Keeping track of medicines and knowing when they need to be refilled	<input type="radio"/>
10. Calling the pharmacy to refill medicines	<input type="radio"/>

*Add all the numbers entered for each row above.
Insert the total on the line to the right.
Divide the total by 10.
Write down the result in the box.*

_____ / 10 = **Average Responsibility Reported:**