

# CF Responsibilities Checklist



## 2: Responsibility for CF Treatments

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>N A</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. Taking prescription CF medicines as prescribed	
2. Doing CF treatments as prescribed	
3. Setting up equipment to take treatments (e.g., nebuliser)	
4. Cleaning medical equipment and devices as recommended by the CF care team	
5. Disinfecting/sterilising medical equipment and devices as recommended by the CF care team	
6. Bringing along medicines when at school, traveling, or away from home	
7. Maintaining a nutritional plan recommended by the CF care team	
8. Monitoring the number of prescription refills that remain	
9. Asking for new prescriptions from the CF care team before they run out	
10. Filling new prescriptions at the pharmacy	
11. Implementing changes to treatments based on input of the CF care team	

*Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 11 and enter the result in the box.*

\_\_\_\_\_ / 11 = **Average Responsibility Reported:**