



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

## 2. Working with the CF Care Team and Other Healthcare Providers (HCPs)

- 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. Answering questions from the care team in clinic and/or hospital	<input type="radio"/>
2. Talking about any issues or concerns with the CF care team	<input type="radio"/>
3. Asking the care team questions about medicines and treatments	<input type="radio"/>
4. Writing down questions for the CF care team before a clinic visit	<input type="radio"/>
5. Reporting health or symptom changes	<input type="radio"/>
6. Tracking FEV <sub>1</sub> and BMI results and any treatment changes from the care team	<input type="radio"/>
7. Calling the clinic to follow up on basic questions from a visit	<input type="radio"/>
8. Calling the CF center to schedule a "sick" visit or regular appointment	<input type="radio"/>
9. Making sure the CF care team knows about visits with other Healthcare providers (HCPs)	<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 9.  
Write down the result in the box.*

\_\_\_\_\_ / 9 = **Average Responsibility Reported:**