CF	trar	nsit	ion
			Australia

Name:	Date:

## **CF Responsibilities Checklist**

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

Please answer as truthfully as possible. This way we can work together to help you manage your child's CF as he/she gets older.

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

1	My child always does this
	on his/her own

2	My child usually does this
	on his/her own









**SUPPORT PERSON** 

In	each open box below, write the number that most correctly describes who is responsible for each of these	e actions.
1.	Answering questions from the care team in clinic and/or hospital	
2.	Talking about any issues or concerns with the CF care team	
3.	Asking the care team questions about medicines and treatments	
4.	Writing down questions for the CF care team before a clinic visit	
5.	Reporting health or symptom changes to the CF care team	
6.	Tracking FEV <sub>1</sub> and BMI results and any treatment changes from the care team	
7.	Calling the clinic to follow up on basic questions from a visit	
8.	Calling the CF center to schedule a "sick" visit or regular appointment	
9.	Making sure the CF care team knows about visits with other Healthcare providers (HCPs)	
,	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.	