

**Example
Transition Check List**
Please check all that apply to you right now.

Date:

Name:

Skills	I know this.	I need to learn about this.	I need someone to help me with this. Who?	Notes
General				
I am or older than 18 and I know my legal rights to healthcare and healthcare privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can make all my healthcare choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can name at least two people who I can contact about my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
My Health				
I know my diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can tell others about my diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know what surgeries I had and the dates they were done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to get my medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
My Other Healthcare Needs				
I know how to access someone for my mental health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to access speech services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to access genetic counseling services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to access services for my ears and hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Skills	I know this.	I need to learn about this.	I need someone to help me with this. Who?	Notes
My Healthcare Appointments				
I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can find my dentist's/orthodontist's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can make my own appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how get to my appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forms				
I know how to fill out medical/dental forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to fill out authorization forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance				
I know what my health insurance is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know how to apply for health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know the number to my health insurance company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other				

Developed by Linda Vallino & Brenda Louw 03/30/2022

Adapted from: Transition Readiness Assessment Questionnaire (TRAQ)
<https://www.rheumatology.org/Portals/0/Files/Transition-Readiness-Assessment-Questionnaire.pdf>