**The Ready Steady Go transition programme - Hello**

The medical and nursing team aim to support and help you develop the confidence and skills to take charge of your own healthcare.

Filling in this questionnaire will help the team create a programme to suit you. **Please answer all questions that are relevant to you and ask if you are unsure.**

**Name: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge and skills** | **Yes** | **I would like some extra advice/help with this** | **Comment** |
| **KNOWLEDGE** |  |  |  |
| I am confident in my knowledge about my condition and its management. |  |  |  |
| I understand what is likely to happen with my condition in the future |  |  |  |
| I understand what each of my medication/ treatment is for and their side effects |  |  |  |
| I order and collect my repeat prescriptions and book my own appointments |  |  |  |
| I know who to contact if I have any concerns about my health |  |  |  |
| I call the hospital myself if there is a query about my condition or treatment |  |  |  |
| I know about resources for young people or adults with my condition |  |  |  |
| **SELF ADVOCACY (speaking up for yourself)** |  |  |  |
| I feel confident to be seen on my own in clinic |  |  |  |
| I understand my right to confidentiality |  |  |  |
| I understand my role in shared decision making with the healthcare team e.g. Ask 3 Questions\* |  |  |  |
| **HEALTH AND LIFESTYLE** |  |  |  |
| I exercise regularly/have an active lifestyle |  |  |  |
| I understand the effect of smoking, drugs and alcohol on my condition and general health |  |  |  |
| I understand what appropriate eating means for my general health |  |  |  |
| I am aware that my condition can affect how I feel and function e.g fatigue, sexual function, fertility |  |  |  |
| I know where and how I can access providers for accurate information about sexual health |  |  |  |
| I understand the implications of my condition and drugs on pregnancy/parenting |  |  |  |

**Please list anything else you would like help or advice with:**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge and Skills** | **Yes** | **I would like some extra advice/help with this** | **Comment** |
| **DAILY LIVING** |  |  |  |
| I am independent at home – dressing, bathing, preparing meals etc |  |  |  |
| I know how to plan ahead for being away from home, overseas trips e.g. storage of medicine and vaccinations |  |  |  |
| I can or am learning to drive |  |  |  |
| I understand my eligibility for benefits (if applicable) |  |  |  |
| **COLLEGE, WORK AND YOUR FUTURE** |  |  |  |
| I am managing at college/work e.g getting to and around, nature of work, friends etc |  |  |  |
| I have had experience of working/volunteering |  |  |  |
| I have a career plan - please specify |  |  |  |
| I am aware of the potential impact (if any) of my condition on my future plans |  |  |  |
| I know how and what to tell a potential employer about my condition (if applicable) |  |  |  |
| I know who to contact for careers advice |  |  |  |
| **LEISURE** |  |  |  |
| I can use public transport and access my local community e.g shops, leisure centre,cinema |  |  |  |
| I have friends and see them socially |  |  |  |
| **MANAGING YOUR EMOTIONS** |  |  |  |
| I feel confident in telling people about my condition e.g. friends, family, employers |  |  |  |
| I know someone I can talk to if I feel sad/fed-up |  |  |  |
| I know how to cope with emotions such as anger or anxiety |  |  |  |
| I would like more information about where I can get help to deal with my emotions |  |  |  |
| I am comfortable with the way I look to others |  |  |  |
| I am happy with life |  |  |  |