

- Remembering to take medicines and treatments when away from home (at school, at a friend's house or 3.
- on vacation)
- 4.
- 5.
- Taking enzymes at the right time 6.
- 7. Cleaning my medical equipment and devices as directed by the CF care team
- 8.
- 9.
- 10. Calling the pharmacy to refill medicines

CF R.I.S.E. was developed in collaboration with a multidisciplinary team of CF experts and is sponsored by Gilead.

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.

My parent or

support person

usually does this

THIS INFORMATION MEETS THE GUIDELINES AND STANDARDS OF THE CYSTIC FIBROSIS FOUNDATION'S EDUCATION COMMITTEE.

ages 10-15

Date:

My parent or

support person

always does this

PERSON WITH C

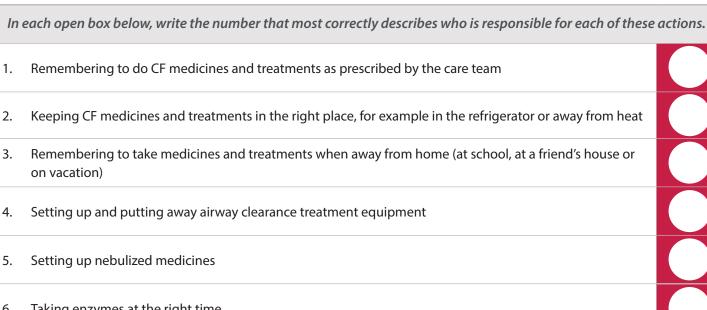
Does not

apply

to me

CF Responsibilities Checklist 1: Responsibility for CF Treatments | always I usually My parent or do this do this support person and on my own I do this together on my own

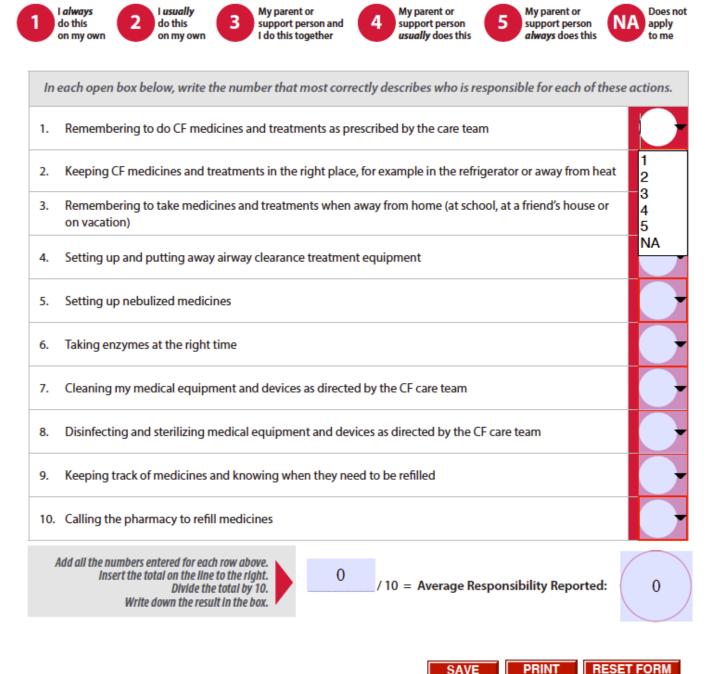
Name



CF Responsibilities Checklist

1: Responsibility for CF Treatments

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.



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.

v.1 UNBC4119 12/16

ages 10-15 PERSON WITH C

CF Responsibilities Checklist

Name

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.

Date:

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



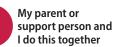
1.

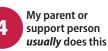
2.

3.









My parent or support person always does this



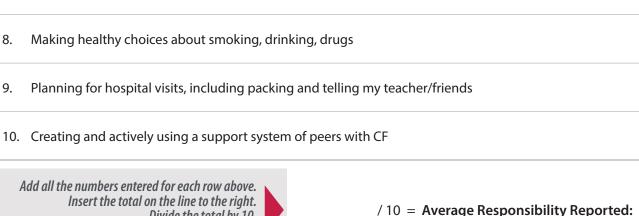
Does not apply to me

In each open box below, write the number that most correctly describes who is responsible for each of these actions. Answering questions from the care team in clinic and/or hospital Talking about any issues or concerns with the CF care team Asking the care team questions about medicines and treatments

- Writing down questions for the CF care team before a clinic visit 4.
- 5. Reporting health or symptom changes
- Tracking FEV1 and BMI results and any treatment changes from the care team 6.







2. Following infection control standards Finding someone to talk to when I feel anxious or sad 3. Getting to bed on time to make sure I get enough sleep 4. Telling close friends, family, teachers, or other people about CF 5. Answering questions from others about CF 6. 7. Making time to do schoolwork, exercise and socialize with friends in addition to treatments 8.

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Divide the total by 10.

Write down the result in the box.

In each open box below, write the number that most correctly describes who is responsible for each of these actions.

Name

My parent or

support person and

I do this together

CF Responsibilities Checklist

I usually

on my own

do this

Following a CF-friendly diet

3. Living with CF

| always

do this

1.

on my own

ages 10-15

My parent or

support person

usually does this

PERSON WITH C

Does not

apply

to me

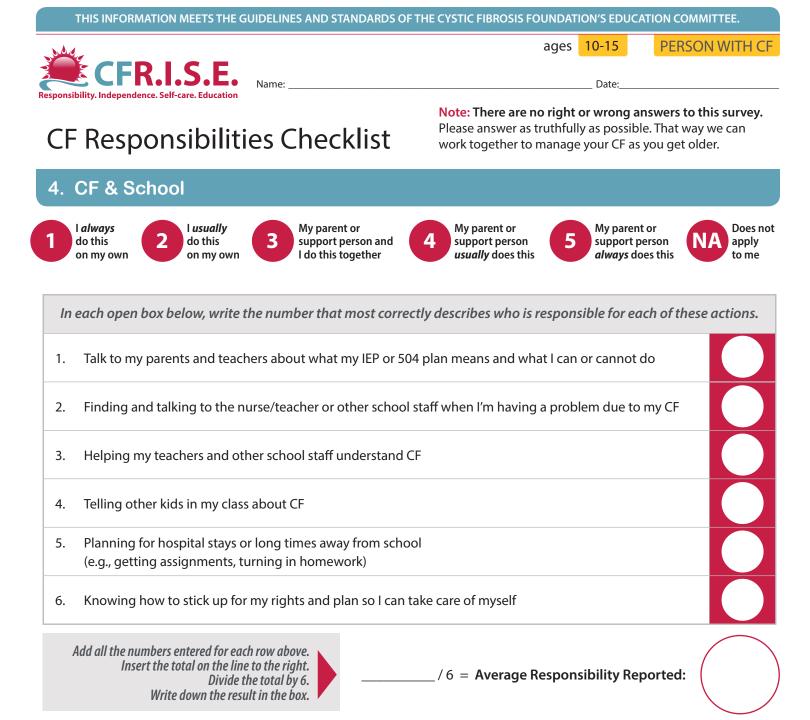
Note: There are no right or wrong answers to this survey. Please answer as truthfully as possible. That way we can work together to manage your CF as you get older.

My parent or

support person

always does this

Date:



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