



# CF Responsibilities Checklist

## Education and Career Planning

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: There are no right or wrong answers to this survey.**  
Please provide your honest feedback below so that we can work together to improve the management of your CF over time.

<b>1</b>	I am completely responsible	<b>2</b>	I am primarily responsible	<b>3</b>	My support person and I are equally responsible	<b>4</b>	My support person is primarily responsible	<b>5</b>	My support person is completely responsible	<b>N A</b>	Not Applicable
----------	-----------------------------	----------	----------------------------	----------	---	----------	--	----------	---	----------------	----------------

*Please indicate the person in your household responsible for each of the following healthcare behaviors by placing the appropriate number from 1 to 5, or NA for Not Applicable, in the boxes below:*

1. Establishing short-term and long-term goals after high school graduation	
2. Knowing the steps for applying for admission and financial aid for college or post-grad program	
3. Talking to the CF care team about what to consider before going to college	
4. Deciding on a care approach if moving away from home (role of away vs. home CF Center)	
5. Contacting the Office of Disability and Support Services at college/university/technical school	
6. Planning and thinking through logistics for living in a dorm or living off-campus	
7. Developing a realistic class schedule that provides time to do treatments and take medicines	
8. Knowing the steps involved in seeking and applying for a job	
9. Considering a career that accommodates the specific needs of someone with CF	
10. Researching and understanding personal rights under the Americans with Disabilities Act (ADA) and the key elements of Section 504	

*Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 10 and enter the result in the box.*

\_\_\_\_\_ / 10 = **Average Responsibility Reported:**