



ages **10-15**

**SUPPORT PERSON**

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

**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.

# CF Responsibilities Checklist

## Living with CF

- 1** My child *always* does this on his/her own
- 2** My child *usually* does this on his/her own
- 3** My child and I do this together
- 4** I *usually* do this
- 5** I *always* do this
- NA** 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.*

1. Following a CF-friendly diet	<input type="radio"/>
2. Following infection control standards	<input type="radio"/>
3. Finding someone to talk to when they feel anxious or sad	<input type="radio"/>
4. Getting to bed on time to make sure they get enough sleep	<input type="radio"/>
5. Telling close friends, family, teachers, or other people about CF	<input type="radio"/>
6. Answering questions from others about CF	<input type="radio"/>
7. Making time to do schoolwork, exercise and socialize with friends in addition to treatments	<input type="radio"/>
8. Making healthy choices about smoking, drinking, drugs	<input type="radio"/>
9. Planning for hospital visits, including packing and telling teachers/friends	<input type="radio"/>
10. Creating and actively using a support system of peers with CF	<input type="radio"/>

*Add all the numbers entered for each row above.  
Insert the total on the line to the right.  
Divide the total by 10.  
Write down the result in the box.*

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