



CF Responsibilities Checklist

Living With Cystic Fibrosis

Name: _____

Note: There are no right or wrong answers to this survey.

Date: _____

Please provide your honest feedback below so that we can work together to improve the management of your CF over time.

1 The person with CF is completely responsible	2 The person with CF is primarily responsible	3 The person with CF and I are equally responsible	4 I am primarily responsible	5 I am completely responsible	NA 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. Identifying someone with whom psychological and emotional issues can be discussed	
2. Telling close friends, family members, teachers, administrators, etc. about CF	
3. Knowing how to answer or having prepared answers for questions about CF from others	
4. Making sure to follow infection control standards	
5. Making healthy lifestyle choices related to drugs, alcohol, and cigarettes	
6. Recognizing limits (e.g., days you may need extra sleep)	
7. Making time for exercise	
8. Making time for fun and hobbies	
9. Preparing for hospital visits/tune-ups	

Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 9 and enter the result in the box.

_____ / 9 = **Average Responsibility Reported:**