



# CF Responsibilities Checklist

## Responsibility for CF Treatments

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 I am completely responsible	2 I am primarily responsible	3 My support person and I are equally responsible	4 My support person is primarily responsible	5 My support person is completely responsible	N/A	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. Taking prescription CF medicines as prescribed
2. Doing CF treatments as prescribed
3. Setting up equipment to take treatments (eg, nebulizer, vest)
4. Cleaning medical equipment and devices as recommended by the CF care team
5. Disinfecting/sterilizing medical equipment and devices as recommended by the CF care team
6. Bringing along medicines when at school, traveling, or away from home
7. Maintaining a nutritional plan recommended by the CF care team
8. Monitoring the number of prescription refills that remain
9. Asking for new prescriptions from the CF care team before they run out
10. Filling new prescriptions at the pharmacy
11. Implementing changes to treatments based on input of the CF care team

*Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 11 and enter the result in the box.*

\_\_\_\_\_ / 11 = Average Responsibility Reported: