



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

Responsibility for CF Treatments

- 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. Remembering to do all of the CF medicines and treatments as prescribed by the care team	<input type="text"/>
2. Keeping CF medicines and treatments in the right place (e.g., in the refrigerator or away from heat)	<input type="text"/>
3. Remembering to take medicines and treatments when away from home (at school, at a friend's house or on vacation)	<input type="text"/>
4. Setting up and putting away airway clearance treatment equipment	<input type="text"/>
5. Setting up nebulized medicines	<input type="text"/>
6. Taking enzymes at the right time	<input type="text"/>
7. Cleaning medical equipment and devices as directed by the CF care team	<input type="text"/>
8. Disinfecting and sterilizing medical equipment and devices as directed by the CF care team	<input type="text"/>
9. Keeping track of medicines and knowing when they need to be refilled	<input type="text"/>
10. Calling the pharmacy to refill medicines	<input type="text"/>

*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:**