Write down the result in the box.

THIS INFORMATION MEETS TH	E GUIDELINES AND STANDARDS OF	F THE CYSTIC FIBROSIS FOUNDATION'S EDUCATION COMMITTEE.	

In each open box below, write the number that most correctly describes who is responsible for each of these actions.

10-15 ages

PERSON WITH C

CF Responsibilities Checklist

Name

3

Answering questions from the care team in clinic and/or hospital

Note: There are no right or wrong answers to this survey. Please answer as truthfully as possible. That way we can work together to manage your CF as you get older.

Date:

Working with the CF Care Team and Other Healthcare Providers (HCPs)



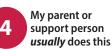
1.

nsibility. Independence. Self-care





My parent or support person and I do this together



My parent or 5 support person always does this



Does not apply to me

2.	2. Talking about any issues or concerns with the CF care team		
3.	3. Asking the care team questions about medicines and treatments		
4.	4. Writing down questions for the CF care team before a clinic visit		
5.	5. Reporting health or symptom changes		
6.	6. Tracking FEV ₁ and BMI results and any treatment changes from the care team		
7.	7. Calling the clinic to follow up on basic questions from a visit		
8.	Calling the CF center to schedule a "sick" visit or regular appointment		
9.	Making sure the CF care team knows about visits with other Healthcare providers (HCPs)		
Add all the numbers entered for each row above. Insert the total on the line to the right. Divide the total by 9.			