



CF Responsibilities Checklist

Working with the CF Care Team and other Healthcare Providers (HCP)

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	NA	Not Applicable
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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. Scheduling CF Center appointments	
2. Arranging transportation to CF Center (drives, walks or takes public transportation)	
3. Asking questions about medicines, treatments, or health concerns	
4. Answering questions about medicines, treatments, or other health concerns	
5. Meeting with the CF care team to review test results and changes to treatment plan	
6. Participating in health insurance discussions with the CF care team	
7. Calling the CF care team if experiencing symptoms or changes in health status	
8. Making sure the CF care team is made aware of visits with other healthcare providers (eg, primary care physician, endocrinologist, ENT, etc.)	

Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 8 and enter the result in the box.

_____ / 8 = **Average Responsibility Reported:**