



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

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

- 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. Answering questions from the care team in clinic and/or hospital	<input type="text"/>
2. Talking about any issues or concerns with the CF care team	<input type="text"/>
3. Asking the care team questions about medicines and treatments	<input type="text"/>
4. Writing down questions for the CF care team before a clinic visit	<input type="text"/>
5. Reporting health or symptom changes to the CF care team	<input type="text"/>
6. Tracking FEV <sub>1</sub> and BMI results and any treatment changes from the care team	<input type="text"/>
7. Calling the clinic to follow up on basic questions from a visit	<input type="text"/>
8. Calling the CF center to schedule a "sick" visit or regular appointment	<input type="text"/>
9. Making sure the CF care team knows about visits with other Healthcare providers (HCPs)	<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 9.  
Write down the result in the box.*

\_\_\_\_\_ / 9 = **Average Responsibility Reported:**