



ages 10-15

PERSON WITH CF

Name: _____ Date: _____

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.

CF Responsibilities Checklist

1: Responsibility for CF Treatments

- 1** I *always* do this on my own
- 2** I *usually* do this on my own
- 3** My parent or support person and I do this together
- 4** My parent or support person *usually* does this
- 5** My parent or support person *always* does 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 CF medicines and treatments as prescribed by the care team	
2. Keeping CF medicines and treatments in the right place, for example in the refrigerator or away from heat	
3. Remembering to take medicines and treatments when away from home (at school, at a friend's house or on vacation)	
4. Setting up and putting away airway clearance treatment equipment	
5. Setting up nebulized medicines	
6. Taking enzymes at the right time	
7. Cleaning my medical equipment and devices as directed by the CF care team	
8. Disinfecting and sterilizing medical equipment and devices as directed by the CF care team	
9. Keeping track of medicines and knowing when they need to be refilled	
10. Calling the pharmacy to refill medicines	

*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:**



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1: Responsibility for CF Treatments

1

I *always* do this on my own

2

I *usually* do this on my own

3

My parent or support person and I do this together

4

My parent or support person *usually* does this

5

My parent or support person *always* does 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 CF medicines and treatments as prescribed by the care team

2. Keeping CF medicines and treatments in the right place, for example in the refrigerator or away from heat

3. Remembering to take medicines and treatments when away from home (at school, at a friend's house or on vacation)

4. Setting up and putting away airway clearance treatment equipment

5. Setting up nebulized medicines

6. Taking enzymes at the right time

7. Cleaning my medical equipment and devices as directed by the CF care team

8. Disinfecting and sterilizing medical equipment and devices as directed by the CF care team

9. Keeping track of medicines and knowing when they need to be refilled

10. Calling the pharmacy to refill medicines

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:

SAVE

PRINT

RESET FORM



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CF Responsibilities Checklist

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

- 1** I *always* do this on my own
- 2** I *usually* do this on my own
- 3** My parent or support person and I do this together
- 4** My parent or support person *usually* does this
- 5** My parent or support person *always* does 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="radio"/>
2. Talking about any issues or concerns with the CF care team	<input type="radio"/>
3. Asking the care team questions about medicines and treatments	<input type="radio"/>
4. Writing down questions for the CF care team before a clinic visit	<input type="radio"/>
5. Reporting health or symptom changes	<input type="radio"/>
6. Tracking FEV ₁ and BMI results and any treatment changes from the care team	<input type="radio"/>
7. Calling the clinic to follow up on basic questions from a visit	<input type="radio"/>
8. Calling the CF center to schedule a "sick" visit or regular appointment	<input type="radio"/>
9. Making sure the CF care team knows about visits with other Healthcare providers (HCPs)	<input type="radio"/>

*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:



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CF Responsibilities Checklist

3. Living with CF

- 1** I *always* do this on my own
- 2** I *usually* do this on my own
- 3** My parent or support person and I do this together
- 4** My parent or support person *usually* does this
- 5** My parent or support person *always* does 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. Following a CF-friendly diet	<input type="radio"/>
2. Following infection control standards	<input type="radio"/>
3. Finding someone to talk to when I feel anxious or sad	<input type="radio"/>
4. Getting to bed on time to make sure I get enough sleep	<input type="radio"/>
5. Telling close friends, family, teachers, or other people about CF	<input type="radio"/>
6. Answering questions from others about CF	<input type="radio"/>
7. Making time to do schoolwork, exercise and socialize with friends in addition to treatments	<input type="radio"/>
8. Making healthy choices about smoking, drinking, drugs	<input type="radio"/>
9. Planning for hospital visits, including packing and telling my teacher/friends	<input type="radio"/>
10. Creating and actively using a support system of peers with CF	<input type="radio"/>

*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:**



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CF Responsibilities Checklist

4. CF & School

- 1** I *always* do this on my own
- 2** I *usually* do this on my own
- 3** My parent or support person and I do this together
- 4** My parent or support person *usually* does this
- 5** My parent or support person *always* does 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. Talk to my parents and teachers about what my IEP or 504 plan means and what I can or cannot do	<input style="width: 40px; height: 40px; border: 2px solid red; border-radius: 50%; background-color: white;" type="text"/>
2. Finding and talking to the nurse/teacher or other school staff when I'm having a problem due to my CF	<input style="width: 40px; height: 40px; border: 2px solid red; border-radius: 50%; background-color: white;" type="text"/>
3. Helping my teachers and other school staff understand CF	<input style="width: 40px; height: 40px; border: 2px solid red; border-radius: 50%; background-color: white;" type="text"/>
4. Telling other kids in my class about CF	<input style="width: 40px; height: 40px; border: 2px solid red; border-radius: 50%; background-color: white;" type="text"/>
5. Planning for hospital stays or long times away from school (e.g., getting assignments, turning in homework)	<input style="width: 40px; height: 40px; border: 2px solid red; border-radius: 50%; background-color: white;" type="text"/>
6. Knowing how to stick up for my rights and plan so I can take care of myself	<input style="width: 40px; height: 40px; border: 2px solid red; border-radius: 50%; background-color: white;" type="text"/>

*Add all the numbers entered for each row above.
Insert the total on the line to the right.
Divide the total by 6.
Write down the result in the box.*

_____ / 6 = **Average Responsibility Reported:**