



CF Responsibilities Checklist

Education and Career Planning

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. Establishing short-term and long-term goals after high school graduation	
2. Knowing the steps for applying for admission and financial aid for college or post-grad program	
3. Talking to the CF care team about what to consider before going to college	
4. Deciding on a care approach if moving away from home (role of away vs. home CF Center)	
5. Contacting the Office of Disability and Support Services at college/university/technical school	
6. Planning and thinking through logistics for living in a dorm or living off-campus	
7. Developing a realistic class schedule that provides time to do treatments and take medicines	
8. Knowing the steps involved in seeking and applying for a job	
9. Considering a career that accommodates the specific needs of someone with CF	
10. Researching and understanding personal rights under the Americans with Disabilities Act (ADA) and the key elements of Section 504	

Add all individual numbers entered for each row above and insert the total on the line below. Divide the total by 10 and enter the result in the box.

_____ / 10 = **Average Responsibility Reported:**