



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

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:**