



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

## 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	<input type="radio"/>
2. Keeping CF medicines and treatments in the right place, for example in the refrigerator or away from heat	<input type="radio"/>
3. Remembering to take medicines and treatments when away from home (at school, at a friend's house or on vacation)	<input type="radio"/>
4. Setting up and putting away airway clearance treatment equipment	<input type="radio"/>
5. Setting up nebulized medicines	<input type="radio"/>
6. Taking enzymes at the right time	<input type="radio"/>
7. Cleaning my medical equipment and devices as directed by the CF care team	<input type="radio"/>
8. Disinfecting and sterilizing medical equipment and devices as directed by the CF care team	<input type="radio"/>
9. Keeping track of medicines and knowing when they need to be refilled	<input type="radio"/>
10. Calling the pharmacy to refill medicines	<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:**