



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

1: Responsibility for CF Treatments

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

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



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- 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. Remembering to do all of the CF medicines and treatments as prescribed by the care team	<input type="radio"/>
2. Keeping CF medicines and treatments in the right place (e.g., 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 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"/>

- 1
 - 2
 - 3
 - 4
 - 5
 - NA

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.

0

/ 10 = Average Responsibility Reported:

0

SAVE
PRINT
RESET FORM



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CF Responsibilities Checklist

2. 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="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 to the CF care team	<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** 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. Following a CF-friendly diet	<input type="radio"/>
2. Following infection control standards	<input type="radio"/>
3. Finding someone to talk to when they feel anxious or sad	<input type="radio"/>
4. Getting to bed on time to make sure they 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 teachers/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** 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. Talk to teachers about what my child's IEP or 504 plan means and what they can or cannot do	<input style="width: 40px; height: 40px; border: 2px solid #c00000; border-radius: 50%; background-color: #c00000; color: white;" type="text"/>
2. Talking to the nurse/teacher or other school staff when they're having a problem due to their CF	<input style="width: 40px; height: 40px; border: 2px solid #c00000; border-radius: 50%; background-color: #c00000; color: white;" type="text"/>
3. Helping teachers and other school staff understand CF	<input style="width: 40px; height: 40px; border: 2px solid #c00000; border-radius: 50%; background-color: #c00000; color: white;" type="text"/>
4. Telling other kids in their class about CF	<input style="width: 40px; height: 40px; border: 2px solid #c00000; border-radius: 50%; background-color: #c00000; 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 #c00000; border-radius: 50%; background-color: #c00000; color: white;" type="text"/>
6. Knowing how to stick up for their rights and plan so that they can take care of themselves	<input style="width: 40px; height: 40px; border: 2px solid #c00000; border-radius: 50%; background-color: #c00000; 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:**