



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

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	
2. Talking about any issues or concerns with the CF care team	
3. Asking the care team questions about medicines and treatments	
4. Writing down questions for the CF care team before a clinic visit	
5. Reporting health or symptom changes	
6. Tracking FEV ₁ and BMI results and any treatment changes from the care team	
7. Calling the clinic to follow up on basic questions from a visit	
8. Calling the CF center to schedule a "sick" visit or regular appointment	
9. Making sure the CF care team knows about visits with other Healthcare providers (HCPs)	

*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:**