



**Transition Readiness Assessment Questionnaire (TRAQ)**

Directions to Youth & Young Adults: Please check the box that best describes your skill level in the following areas that are important for transition to Adult Health Care Teams. There is no right or wrong answer and your answers will remain confidential & private.

Directions to Caregivers/parents: If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes your level.  Check here if you are a parent/caregiver completing this form.

Patient Name:	DOB:		Today's date:		
	No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
<b>Medication Management:</b>					
1. Do you fill a prescription if you need to?					
2. Do you know what to do if you are having a bad reaction to your Medication?					
3. Do you take medication correctly and on your own?					
4. Do you reorder medications before they run out?					
<b>Appointment keeping:</b>					
5. Do you call the doctor's office to make an appointment?					
6. Do you follow-up on any referral for tests, check-ups or labs?					
7. Do you arrange for your ride to medical appointments?					
8. Do you call the doctor about unusual changes in your health? (for example: allergic reactions?)					
9. Do you apply for health insurance if you lose your current coverage?					
10. Do you know what your health insurance covers?					
11. Do you manage your money & budget household expenses (for example: use checking/debit card)?					
<b>Tracking Health Issues:</b>					
12. Do you fill out your medical history form, including a list of allergies?					
13. Do you keep a calendar or list of medical & other appointments?					
14. Do you make a list of questions before the doctor's visit?					
15. Do you get financial help with school or work?					
<b>Talking with Providers:</b>					
16. Do you tell the doctor or nurse what you are feeling?					
17. Do you answer questions that are asked by the doctor, nurse, or clinic staff?					
<b>Managing Daily Activities:</b>					
18. Do you help plan or prepare meals/food?					
19. Do you keep home/room clean or clean-up after meals?					
20. Do you use neighborhood stores & services (for example: grocery stores & pharmacies)?					