

Sickle Cell Transition Intervention Program - Readiness for Transition (TIP-RFT)

Personal Information Table

First and Last Name:	Date of Birth:	Today's Date:
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Which best describes your racial/ethnic background? <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/Hispanic <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> White/Hispanic <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> American Indian, Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	What type of health insurance do you have? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> No health insurance (self-pay) <input type="checkbox"/> I am under my parent's insurance <input type="checkbox"/> CCS/GHPP <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Not Sure
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Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated	What type of sickle cell disease do you have? <input type="checkbox"/> S/S (Sickle Cell Anemia) <input type="checkbox"/> Sickle Beta Zero Thalassemia <input type="checkbox"/> S/C (Sickle Cell Disease SC) <input type="checkbox"/> Sickle Beta Plus Thalassemia <input type="checkbox"/> Other: (please indicate) _____ <input type="checkbox"/> Don't know/Not Sure
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Education: What is the highest grade you have completed? (please circle one)

Grade School	Middle School	High School	College/Technical	College Grad/Degree
1 2 3 4 5	6 7 8	9 10 11 12	1 2 3 4	Yes ___/___

Employment & Educational Checklist

What best describes your work or school situation? (Please check all that apply) <input type="checkbox"/> Student <input type="checkbox"/> Employment (What type: _____) <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	If you are currently employed, please check one of the following: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time How many hours per week: _____
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Living Arrangements

What best describes your current living arrangement?

I live independently in my own apartment, dorm or private residence

I share an apartment or residence with someone outside of my family

I live with my parents

I live with other family members

I have other living arrangements. (Please Describe: _____)

For Administrative Use Only

Patient #:	Date of Birth:	Administrative Date:
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Did the patient consent for database entry?

No

Yes (If so, indicate date that patient data was entered: _____)

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Health Care Knowledge and Skills - Medical Skill Set

How much do you know about sickle cell? Do you know how to manage your own health care? How to talk to doctors? Take a few minutes to identify your areas of strength and highlight where there is room to grow!

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree	Not Applicable
I understand behaviors that can cause a pain episode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I can answer my doctor's questions during my clinic visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I keep track of my medical appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I know how to take my medicines (time, dosage, and frequency) without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I am aware of what hydroxyurea is and how it affects sickle cell disease. <i>(If you are not taking this medicine please check: Not Applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I understand how drugs, alcohol and tobacco usage affect sickle cell disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

Education and Vocation Planning - Educational/Vocational Skill Set

Are you ready for your future? Do you have a 504 plan or IEP? Take a few minutes to identify your areas of strength and highlight where there is room to grow!

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree	Not Applicable
I have a vision for my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I plan to attend college or obtain post high school training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I know the types of work situations that could cause problems related to sickle cell disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
I have talked to my parents about my hopes for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

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Social Support Skill Set					
Do you have the social supports you need? Take a few minutes to identify your areas of strength and highlight where there is room to grow!					
	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
I participate in activities at school and/or outside the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I have friends that I can talk to about sickle cell disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I have a good social “support” system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I understand what “healthy relationships” are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

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Independent Living Skill Set					
Are you ready to do it on your own? Take a few minutes to identify your areas of strength and highlight where there is room to grow!					
	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
I know how to manage money and pay a bill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know how to get my prescriptions filled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know how to make my own doctors' appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I can arrange transportation to my medical appointments on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know how to write a check.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know how to use an ATM card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I have held a full or part-time job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I go to my doctor's appointments on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

This checklist is adapted from materials developed by Children's Hospital, Boston as part of the Massachusetts Initiative.

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Feelings, Stress and Strengths – Self-Efficacy Checklist

The following questions ask about **HOW SURE YOU ARE** about dealing day-to-day with sickle cell disease (SCD). So for each question tell us **HOW SURE YOU ARE** by putting a check in the box that best tells us how you feel. **PLEASE ANSWER EVERY QUESTION.** *There are no “right or wrong” answers, we just want to know what you think.*

	Not at all	Not Sure	Neither	Sure	Very Sure
How sure are you that you can do something to cut down on most of the pain you have when you have a pain episode?	<input type="checkbox"/>				
Comments:					
How sure are you that you can keep doing most of the things you do day-to-day?	<input type="checkbox"/>				
Comments:					
How sure are you that you can keep SCD pain from interfering with your sleep?	<input type="checkbox"/>				
Comments:					
How sure are you that you can reduce your SCD pain by using methods other than taking extra medication?	<input type="checkbox"/>				
Comments:					
How sure are you that you can control how often or when you get tired?	<input type="checkbox"/>				
Comments:					
How sure are you that you can do something to help yourself feel better if you are feeling sad or blue?	<input type="checkbox"/>				
Comments:					
As compared with other people with SCD, how sure are you that you can manage your life from day-to-day?	<input type="checkbox"/>				
Comments:					
How sure are you that you can manage your SCD symptoms so that you can do the things you enjoy doing?	<input type="checkbox"/>				
Comments:					
How sure are you that you can deal with the frustration of having SCD?	<input type="checkbox"/>				
Comments:					

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You are almost done! These last two questionnaires are optional, if you really don't have the time to complete them. However answering ALL of the questions helps us to identify areas where additional support may be needed. The questions also help you to begin to think about and process feelings that you may have about transition or that you may have never thought about.

Feelings, Stress and Strengths – Feelings Checklist					
How do you think you will feel about leaving pediatrics and going to the adult sickle cell medical management program? Please check one answer per line. <i>Remember, There are no "right or wrong" answers, we just want to know what you think.</i>					
	Not at all	A little bit	Moderately	Quite a bit	Extremely
I will be excited/happy	<input type="checkbox"/>				
Comments:					
I feel it will be alright to move on	<input type="checkbox"/>				
Comments:					
I will be relieved	<input type="checkbox"/>				
Comments:					
I will feel unsure	<input type="checkbox"/>				
Comments:					
I have no feelings one way or another	<input type="checkbox"/>				
Comments:					
I will be worried	<input type="checkbox"/>				
Comments:					
I will be nervous	<input type="checkbox"/>				
Comments:					
I will be afraid	<input type="checkbox"/>				
Comments:					
I will be anxious	<input type="checkbox"/>				
Comments:					
I will be angry	<input type="checkbox"/>				
Comments:					
I will feel deserted/abandoned	<input type="checkbox"/>				
Comments:					
I will feel I had no control over the decision	<input type="checkbox"/>				
Comments:					

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Feelings, Stress and Strengths – Stress Checklist

Does having sickle cell disease cause you to have stress? Please rate the extent to which you agree or disagree with the following statements using the scale: *There are no “right or wrong” answers, we just want to know what you think.*

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
I worry that my pain medication won't control my pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry about being hospitalized for long periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Death is always on the back of my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry that my sickle cell disease will keep me from doing the things I enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry that some doctors don't trust me with pain narcotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry about not having enough pain medication or running out of my medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry that I won't be able to get insurance because of my sickle cell disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry about being too much of a burden on my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I wonder if my brothers and/or sisters are bothered by my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry about being able to take care of myself when I get older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I worry about my illness getting in the way of school work and/job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

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