

| | Yes | Almost | No |
|--|-----|--------|----|
| General Information | | | |
| I can tell someone the name of my primary immunodeficiency. | | | |
| I can describe the effect of primary immunodeficiency diseases on my body. | | | |
| I can share my medical history with a doctor or nurse. | | | |
| I can list my medication and food allergies. | | | |
| I tell my parents about changes in my health. | | | |
| My parents keep a personal health record for me, such as the IDF eHealthRecord. | | | |
| My parents and I carry a medical summary, such as the in case of emergency (ICE) report from the IDF eHealthRecord. | | | |
| Medications and Treatment | | | |
| I can list the proper names of my medications, the dosage and times they should be taken. | | | |
| I can explain why each medication is necessary, the result of not taking it as prescribed and its side effects. | | | |
| I take all medications as prescribed and notify a parent when the supply is low. | | | |
| I use and take care of medical equipment/supplies and notify a parent if there is a problem or supplies are low. | | | |
| I can list medical tests that need to be completed regularly. | | | |
| Medical Appointments | | | |
| I tell my doctor or nurse about how I am feeling. | | | |
| I answer at least one question during a medical appointment. | | | |
| I ask at least one question during a medical appointment. | | | |
| I spend some time alone with the healthcare provider during a medical appointment. | | | |
| I talk with my parents and healthcare providers about the medications and treatments I need. | | | |
| I tell the healthcare provider I understand and agree with the medication or treatment prescribed. | | | |
| Understanding the Healthcare System | | | |
| I know the date and reason for my next medical appointment. | | | |
| I know the names of my healthcare providers and how to contact them. | | | |
| I know the name of my health insurance and the importance of being insured. | | | |
| Healthcare Transition | | | |
| I am taking more responsibility for my healthcare. | | | |
| I have talked to my parents and healthcare providers about whether I will need to see new providers when I'm an adult. | | | |
| I have talked to other teens about their healthcare transition experience. | | | |