



Core Transition Outcome Data Survey Questions

These survey questions address key transition issues for youth with special needs, including medical home, insurance, independent living skills, community involvement, and youth decision making.

First, we have some questions about your health and health care now:

1. Do you have a doctor or clinic that you go to when you are sick or need a checkup? YES NO

IF YES: Specific Doctor Clinic

How often have you been to your doctor or clinic in the past year?

- not at all
- once
- every 6 months (about 2 times per year)
- every 3 months (about 4 times per year)
- monthly (about 12 times per year)
- more than monthly (more than 12 times per year)
- don't know

- Does this doctor know how to manage your condition/special needs? YES NO
- Can you get care with this doctor or clinic when you need it? YES NO
- Does this doctor listen to your concerns and questions? YES NO
- Does this doctor help you find specialty care when you need it? YES NO

2. Do you have doctors for your specialty care, such as orthopedics or heart condition? YES NO

Do these doctors or clinics know how to manage your condition/special needs? YES NO

3. Have you gone to an emergency room this past year? YES NO
- IF YES, how many times? _____
- For what? _____

4. Are you able to get what you need to manage your health condition? YES NO
- If NO, what do you have trouble getting (check all that apply):
- Medications
 - Supplies
 - Equipment
 - Other – please describe

5. How do you pay for your medical care? Do you have: (check all that apply)
- private insurance through your job
 - private insurance through a family member
 - private insurance through college/student health plan
 - public/government insurance: Medical card, Medicaid, Medicare or CHAMPUS
please specify: _____
 - don't have insurance, so you pay for services (out of pocket)
 - some other individual pays for you
 - don't know

6. If you have health insurance, does it cover your needs? YES NO
 If NO, what is not covered? _____
 I do NOT have insurance
7. In general, would you say your health is
 Excellent
 Very Good
 Good
 Fair
 Poor
8. Are YOU able to:
 Walk 100 feet YES NO
 Hear voices for conversation YES NO
 Read YES NO
 Do household chores YES NO
 Do your own personal grooming YES NO
9. Do YOU:
 Manage your health so you stay well YES NO
 Talk with your doctor/other health care providers yourself YES NO
 Find information so you can make good decisions YES NO
 Make your own decisions about treatment plans YES NO

Next we have some questions about school, work and community activities:

10. Are you in school now? YES NO
 IF YES, what grade or level: _____
 IF NO, what was the last grade of school that you completed? _____
 Have you completed training outside of school? YES NO
 If yes, what type _____
 Do you have plans to get more schooling in the next few years? YES NO
 Not sure
11. Do you use a computer? YES NO
12. Do you drive? YES NO
 If NO, can you find transportation when you need it? YES NO

13. Are you working now? YES (Please go to Question 14)
 NO (Continue below)

IF NO, would you like to work? YES NO

IF YES, what would help you be able to work?

Check all that apply

- transportation
- technology
- education
- special kind of job
- help with family responsibilities
- be sure I have health insurance
- not enough energy to work
- get over my fears of working
- my parents have to let go
- other _____

14. IF you are working now, what is your job title or what do you do at work?

Over the past year, on average, how many hours have you worked per week _____

15. Do you get an SSI check? YES NO
If YES, Do you know about SSI Work Incentives? YES NO

16. During the past week, how often did you take part in social, religious or recreation activities like meetings, sports, parties, or church?

- Not at all
- 1-2 times
- 3-5 times
- more than 5 times

17. What do you need to help you increase your independence and participate in community activities?

- | | |
|--|---|
| <input type="checkbox"/> transportation | <input type="checkbox"/> community recreation opportunities |
| <input type="checkbox"/> drivers' education | <input type="checkbox"/> counseling |
| <input type="checkbox"/> personal care attendant | <input type="checkbox"/> support groups |
| <input type="checkbox"/> housing or vehicle modifications | <input type="checkbox"/> help in managing money |
| <input type="checkbox"/> education | <input type="checkbox"/> finding health insurance |
| <input type="checkbox"/> help to get a job | <input type="checkbox"/> more experience making decisions |
| <input type="checkbox"/> help managing your health condition | <input type="checkbox"/> no help needed |

Other (please describe):

18. Did *program* (state or agency or physician office name) help you to:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Manage your condition | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Find adult health care | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Find health insurance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Prepare for work | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Learn to make your own decisions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Last, we have some general questions.

19. Who do you live with?

- parents
- husband/wife or boyfriend/girlfriend
- children
- other family such as grandparents, brother, sister, aunt, uncle
- friends in house or apartment
- dormitory
- alone
- other _____

20. What is your diagnosis, condition, special need?

21. About YOU

Birth year: _____

Sex: male female

Are you: single married divorced separated

Do you have children? YES NO

If YES, how many _____

Please identify your ethnicity/race as you perceive related to these categories:

- | | |
|--|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Mixed Racial Background |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Native American/Alaskan tribe | <input type="checkbox"/> Decline to Answer |

22. Do you have any other comments about your transition to adulthood?

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The HRTW National Center www.hrtw.org enjoys a working partnership with the Shriners Hospitals for Children and KASA. The National Center is funded through a cooperative agreement (U93MC00047) from the Integrated Services Branch, Division of Services for Children with Special Health Needs (DSCSHN) in the Federal Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS). HRSA/MCHB Project Officer: Monique Fountain, MD.

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