



## CORE TRANSITION OUTCOME DATA SURVEY QUESTIONS

These survey questions address key transition issues of youth with special needs, including medical home, insurance, independent living skills, 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:  
 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?  
NO

YES

12. Do you drive?  
NO

YES

If NO, can you find transportation when you need it?  
NO

YES

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 a program (state or agency or physician office name) help you to:
- Manage your condition  YES  NO
- Find adult health care  YES  NO
- Find health insurance  YES  NO
- Prepare for work  YES  NO
- Learn to make your own decisions  YES  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

How old are you – on your last birthday- Age \_\_\_\_\_

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?

Survey Developed by: Kathy Blomquist



The HRTW National Center [www.hrtw.org](http://www.hrtw.org) enjoys a working partnership with the Shriners Hospitals for Children and KASA. The National Center is funded through a cooperative agreement (U39MC00047) 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 R. Fountain, MD.

HRTW Phase II Projects are currently active in Arizona, Iowa, Maine, Mississippi, and Wisconsin.  
*The opinions expressed herein do not necessarily reflect the policy or position nor imply official endorsement of the funding agency or working partnerships*