



# Sample Health Care Transition Feedback Survey for Parents/Caregivers

## Six Core Elements of Health Care Transition 2.0

This is an optional survey about your experience changing from pediatric to adult health care. If you choose to, please answer each question by marking the box to the left of the answer. Your responses to this survey are confidential.

1. How often did your child's health care provider explain things in a way that was easy to understand?  
 Always  
 Usually  
 Sometimes  
 Never
2. How often did your child's health care provider listen carefully to you?  
 Always  
 Usually  
 Sometimes  
 Never
3. Did your child's health care provider respect how your customs or beliefs affect your care?  
 A lot  
 Some  
 A little  
 Not at all
4. Did your child's health care provider discuss with you or have an office policy that informed you at what age your child may need to change to a new provider who treats mostly adults?  
 Yes  
 No
5. Did your child talk with your health care provider alone while you waited in the waiting room?  
 Yes  
 No  
 Not applicable (if child has significant intellectual disabilities)
6. Did your child's health care provider actively work with your child to gain skills to manage his/her own health and health care (e.g., know his/her medications and their side effects, know what to do in an emergency)?\*  
 A lot  
 Some  
 A little  
 Not at all
7. Did your child's health care provider actively work with your child to think about and plan for the future (e.g., take time to discuss future plans about education, work, relationships, and development of independent living skills)?\*  
 A lot  
 Some  
 A little  
 Not at all
8. How often did your child schedule his/her own appointments with his/her previous health care provider?  
 Never  
 Sometimes  
 Usually  
 Always  
 Not applicable
9. Did your child's health care provider explain legal changes in privacy, decision-making, and consent that take place at age 18?  
 Yes  
 No
10. Did your child's health care provider actively work with your child and you to create a written plan to meet his/her health goals and needs?\*  
 Yes  
 No
11. Did your child's health care provider create and share his/her medical summary with your child and you?  
 Yes  
 No
12. Did your child's health care provider have information about community resources?  
 Yes  
 No

*Continued »*



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13. Do you know how your child will be insured as he/she becomes an adult?\*

- Yes
- No

14. Did your child's health care provider assist in identifying a new adult provider to transfer to?

- Yes
- No

15. Did your child's adult health care provider have his/her medical records before the first visit?

- Yes
- No
- Don't Know
- Have not had first visit yet

16. Did your child feel prepared to change to an adult health care provider?

- Very prepared
- Somewhat prepared
- Not prepared
- Not applicable

17. At what age did your child change to an adult health care provider?

Age \_\_\_\_\_

18. How could your child's health care provider have made the move to an adult health care provider better for you and your child?

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Thank you.

\*Adapted from the National Survey of Children's Health