**Young People’s Clinic (children’s and adults)**

**Congenital Heart Disease**

**Patient Questionnaire - Late Stage Transition (Age 16 – 18 years+)**

**Name:** Click or tap here to enter text.

**Hospital Number:** Click or tap here to enter text.

**Location of Clinic** Click or tap here to enter text.

**Date of Clinic:** Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
|  | **Yes, I can do this on my own and don’t feel I need any extra help** | **I would like extra help with this** |
| I Understand the medical terms/words used and I can describe my heart condition |  |  |
| I can describe the operations I have had |  |  |
| I know what medication I take – name, dose, how often etc |  |  |
| I understand what the current plan is for my care |  |  |
| I am responsible for my own medication and ordering repeat prescriptions |  |  |
| I take warfarin Yes [ ]  No [ ] **(If NO please go to next question)**I know how to take it safelyI understand importance of regular INR appts I know how to record my INR I have a coagucheck machineYes [ ]  No [ ] I am responsible for doing my own INR Yes [ ]  No [ ]  |  |  |
| I know what symptoms to look out for and how to access advice including emergency treatment |  |  |
| I usually sleep well |  |  |
| I exercise regularly and have an active lifestyle |  |  |
| I understand how to eat a healthy diet that is good for my heart |  |  |
| I know how to access reliable and accurate advice about sexual health |  |  |
| I understand the risks of drugs, alcohol and smoking |  |  |
| I understand the risks of tattoos and body piercing |  |  |
| I feel confident to be seen on my own for some/all clinics |  |  |
| I understand my right to information that I can understand |  |  |
| I understand my right to privacy and dignity |  |  |
| I understand that I have the right to make decisions about my care |  |  |
| I would like to be seen on my own without my parents/carers |  |  |
| I know how to access further information and support for young people growing up with a heart problem |  |  |
| I understand the differences between children’s and adult services |  |  |
| I am managing at school e.g. PE, schoolwork and friends |  |  |
| I know what I want to do when I leave school |  |  |
| I know how to access appropriate careers advice |  |  |
| I understand how to get careers advice |  |  |
| I understand how to access disability employment advice |  |  |
| I know how to access welfare rights advice |  |  |
| I know someone I can talk to when I feel sad/fed-up |  |  |
| I often feel sad and worried and would like to talk about it |  |  |
| Is there something else you would like help or advice with? |
| Can you describe how you are feeling about your transfer to adult services? |