

# Ready Steady Go Transition Programme



Name: \_\_\_\_\_ Hospital no: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

Ready Steady Go/Hello start date: \_\_\_\_\_

College/work: \_\_\_\_\_

Home tel no: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Resources (please specify): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offer copy of clinic letters \_\_\_\_\_ Date: \_\_\_\_\_

**MDT involvement**

Youth worker \_\_\_\_\_

Social worker \_\_\_\_\_

Psychology \_\_\_\_\_

Specialist nurse \_\_\_\_\_

Dietitian \_\_\_\_\_

**Other**

Key worker \_\_\_\_\_

# Ready Steady Go Transition Programme

## (K) KNOWLEDGE

	R	S	G	H
1. Describes condition, effects and prognosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands medication/treatment purpose and effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Takes some/complete responsibility for medication/other treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Orders repeat prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knows how to make/alter appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knows key team members and their roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Knows where to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## (S) SELF ADVOCACY

1. Part/whole clinic appointment on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understanding of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understands their role in shared decision-making with the healthcare team e.g. Ask 3 Questions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See leaflet or [www.advancingqualityalliance.nhs.uk/wp-content/uploads/2013/04/BrochureFinal25.10.12.pdf](http://www.advancingqualityalliance.nhs.uk/wp-content/uploads/2013/04/BrochureFinal25.10.12.pdf)

## (H) HEALTH AND LIFESTYLE

1. Understands importance of diet/exercise/dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands impact of smoking/alcohol/substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understands how their condition can affect how they feel and function e.g. sexual function, fertility, fatigue etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understands sexual health issues/pregnancy/STDs/parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## (A) ACTIVITIES OF DAILY LIVING

1. Self care/meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Independent travel/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trips/overnight stays away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









## The Ready Steady Go transition programme - Getting Ready

The medical and nursing team aim to support and help you develop the confidence and skills to take charge of your own healthcare

Filling in this questionnaire will help the team create a programme to suit you.  
Please answer all questions that are relevant to you and ask if you are unsure.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
<b>KNOWLEDGE</b>			
I can describe my condition			
I know when to take my medications, names, doses, how often, etc			
I know who's who in the medical and nursing team			
I know who to contact if I have any concerns about my health			
I know about resources that offer support for young people and adults with my condition			
<b>SELF ADVOCACY (speaking up for yourself)</b>			
I feel ready to start preparing to be seen alone for part of the clinic visit			
I ask my own questions in clinic			
I understand my right to confidentiality			
I understand my role in shared decision making with the healthcare team e.g. Ask 3 Questions*			
<b>HEALTH AND LIFESTYLE</b>			
I exercise regularly/have an active lifestyle			
I understand what appropriate eating means for my general health			
I understand the effect of smoking, drugs and alcohol on my condition and general health			
I am aware that my condition can affect how I feel and function e.g. sexual function, fatigue, fertility			
I know where and how I can access information about sexual health			

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# The Ready Steady Go transition programme - Getting Ready

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
<b>DAILY LIVING</b>			
I can look after myself in terms of dressing, bathing, making meals etc			
I know how to plan ahead for being away from home, overseas trips e.g storage of medicines, vaccinations			
I can or am learning to drive			
<b>COLLEGE, WORK AND YOUR FUTURE</b>			
I am managing at college/work e.g. getting to and around, nature of work, friends etc...			
I know what I want to do in the future. I have a career plan			
<b>LEISURE</b>			
I can use public transport and access my local community e.g shops, leisure centre, cinema			
I have friends and see them socially			
<b>MANAGING YOUR EMOTIONS</b>			
I feel confident in telling people about my condition e.g. friends, family, employers			
I know how to deal with emotions such as anger or anxiety			
I know someone I can talk to when I feel sad/fed-up			
I am happy with life			

Please list anything else you would like help or advice with:

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Thank you

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## The Ready Steady Go transition programme - Steady

The medical and nursing team aim to support and help you develop the confidence and skills to take charge of your own healthcare.

Filling in this questionnaire will help the team create a programme to suit you.

**Please answer all questions that are relevant to you and ask if you are unsure.**



Name:

Date:

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
<b>KNOWLEDGE</b>			
I understand the medical terms/words and procedures relevant to my condition			
I understand what each of my medications are for and their side effects			
I am responsible for my own medication at home			
I order and collect my repeat prescriptions and book my own appointments			
I call the hospital myself if there is a query about my condition and/or therapy			
I know what each member of the medical team can do for me			
I know who to contact if I have any concerns about my health			
I know about resources that offer support for young people and adults with my condition			
<b>SELF ADVOCACY (speaking up for yourself)</b>			
I feel confident to be seen on my own for some/all of each clinic visit and to ask my own questions			
I understand my right to confidentiality			
I understand my role in shared decision making with the healthcare team e.g Ask 3 Questions*			
<b>HEALTH AND LIFESTYLE</b>			
I exercise regularly/have an active lifestyle			
I understand the effect of smoking, drugs and alcohol on my condition and general health			
I understand what appropriate eating means for my general health			
I am aware that my condition can affect how I feel and function e.g fatigue, sexual function, fertility			
I know where and how I can access providers for accurate information about sexual health			
I understand the implications of my condition and drugs on pregnancy/parenting			

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## The Ready Steady Go transition programme - Steady

Knowledge and Skills	Yes	I would like some extra advice/help with this	Comment
<b>DAILY LIVING</b>			
I can look after myself in terms of dressing, bathing, making meals etc			
I know how to plan ahead for being away from home, overseas trips e.g storage of medicine and vaccinations			
I can or am learning to drive			
I understand my eligibility for benefits (if applicable)			
<b>COLLEGE, WORK AND YOUR FUTURE</b>			
I am managing at college/work e.g getting to and around, nature of work, friends etc			
I have had experience of working/volunteering			
I know what I want to do in the future			
I am aware of the potential impact of my condition on my education/work opportunities			
I know who to contact for careers advice			
<b>LEISURE</b>			
I can use public transport and access my local community, e.g. shops, leisure centre, cinema			
I have friends and see them socially			
<b>MANAGING YOUR EMOTIONS</b>			
I can tell people about my condition e.g. friends, family, employers			
I know someone I can talk to when I feel sad/fed-up			
I know how to deal with emotions such as anger or anxiety			
I am comfortable with the way I look to others			
I am happy with life			

Please list anything else you would like help or advice with:

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Thank you

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## The Ready Steady Go transition programme - Go

The medical and nursing team aim to support and help you develop the confidence and skills to take charge of your own healthcare.

Filling in this questionnaire will help the team create a programme to suit you.

**Please answer all questions that are relevant to you and ask if you are unsure.**



Name:

Date:

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
<b>KNOWLEDGE</b>			
I am confident in my knowledge about my condition and its management.			
I understand what is likely to happen with my condition in the future			
I understand what each of my medication/ treatment is for and their side effects			
I order and collect my repeat prescriptions and book my own appointments			
I know who to contact if I have any concerns about my health			
I call the hospital myself if there is a query about my condition or treatment			
I know about resources for young people or adults with my condition			
<b>SELF ADVOCACY (speaking up for yourself)</b>			
I feel confident to be seen on my own in clinic			
I understand my right to confidentiality			
I understand my role in shared decision making with the healthcare team e.g. Ask 3 Questions*			
<b>HEALTH AND LIFESTYLE</b>			
I exercise regularly/have an active lifestyle			
I understand the effect of smoking, drugs and alcohol on my condition and general health			
I understand what appropriate eating means for my general health			
I am aware that my condition can affect how I feel and function e.g fatigue, sexual function, fertility			
I know where and how I can access providers for accurate information about sexual health			
I understand the implications of my condition and drugs on pregnancy/parenting			

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## The Ready Steady Go transition programme - Go

Knowledge and Skills	Yes	I would like some extra advice/help with this	Comment
<b>DAILY LIVING</b>			
I am independent at home – dressing, bathing, preparing meals etc			
I know how to plan ahead for being away from home, overseas trips e.g. storage of medicine and vaccinations			
I can or am learning to drive			
I understand my eligibility for benefits (if applicable)			
<b>COLLEGE, WORK AND YOUR FUTURE</b>			
I am managing at college/work e.g getting to and around, nature of work, friends etc			
I have had experience of working/volunteering			
I have a career plan- please specify			
I am aware of the potential impact (if any) of my condition on my future plans			
I know how and what to tell a potential employer about my condition (if applicable)			
I know who to contact for careers advice			
<b>LEISURE</b>			
I can use public transport and access my local community e.g shops, leisure centre,cinema			
I have friends and see them socially			
<b>MANAGING YOUR EMOTIONS</b>			
I feel confident in telling people about my condition e.g. friends, family, employers			
I know someone I can talk to if I feel sad/fed-up			
I know how to cope with emotions such as anger or anxiety			
I would like more information about where I can get help to deal with my emotions			
I am comfortable with the way I look to others			
I am happy with life			

Please list anything else you would like help or advice with:

Thank you

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## The Ready Steady Go transition programme - Hello

The medical and nursing team aim to support and help you develop the confidence and skills to take charge of your own healthcare.

Filling in this questionnaire will help the team create a programme to suit you.

**Please answer all questions that are relevant to you and ask if you are unsure.**



Name:

Date:

Knowledge and skills	Yes	I would like some extra advice/help with this	Comment
<b>KNOWLEDGE</b>			
I am confident in my knowledge about my condition and its management.			
I understand what is likely to happen with my condition in the future			
I understand what each of my medication/ treatment is for and their side effects			
I order and collect my repeat prescriptions and book my own appointments			
I know who to contact if I have any concerns about my health			
I call the hospital myself if there is a query about my condition or treatment			
I know about resources for young people or adults with my condition			
<b>SELF ADVOCACY (speaking up for yourself)</b>			
I feel confident to be seen on my own in clinic			
I understand my right to confidentiality			
I understand my role in shared decision making with the healthcare team e.g. Ask 3 Questions*			
<b>HEALTH AND LIFESTYLE</b>			
I exercise regularly/have an active lifestyle			
I understand the effect of smoking, drugs and alcohol on my condition and general health			
I understand what appropriate eating means for my general health			
I am aware that my condition can affect how I feel and function e.g fatigue, sexual function, fertility			
I know where and how I can access providers for accurate information about sexual health			
I understand the implications of my condition and drugs on pregnancy/parenting			

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# The Ready Steady Go transition programme - Hello

Knowledge and Skills	Yes	I would like some extra advice/help with this	Comment
<b>DAILY LIVING</b>			
I am independent at home – dressing, bathing, preparing meals etc			
I know how to plan ahead for being away from home, overseas trips e.g. storage of medicine and vaccinations			
I can or am learning to drive			
I understand my eligibility for benefits (if applicable)			
<b>COLLEGE, WORK AND YOUR FUTURE</b>			
I am managing at college/work e.g getting to and around, nature of work, friends etc			
I have had experience of working/volunteering			
I have a career plan - please specify			
I am aware of the potential impact (if any) of my condition on my future plans			
I know how and what to tell a potential employer about my condition (if applicable)			
I know who to contact for careers advice			
<b>LEISURE</b>			
I can use public transport and access my local community e.g shops, leisure centre,cinema			
I have friends and see them socially			
<b>MANAGING YOUR EMOTIONS</b>			
I feel confident in telling people about my condition e.g. friends, family, employers			
I know someone I can talk to if I feel sad/fed-up			
I know how to cope with emotions such as anger or anxiety			
I would like more information about where I can get help to deal with my emotions			
I am comfortable with the way I look to others			
I am happy with life			

Please list anything else you would like help or advice with:

Thank you

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# Parent/carer's transition programme

Name of parent: \_\_\_\_\_

Name of patient: \_\_\_\_\_

Date: Review (1) Review (2) Review (3) \_\_\_\_\_

Internet access: YES/NO \_\_\_\_\_



This transition programme is designed to help parents and carers feel confident about their knowledge and skills during the period of transition. Over the coming appointments your healthcare team aims to equip your son/daughter and you with the necessary skills to play an appropriate part in the management of their medical condition.

## Knowledge and skills

	Yes	No	N/A
I understand the meaning of transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who's who in the team and their respective roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about resources that offer support for parents/carers of young people with my son/daughters condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what is likely to happen in the future regarding my son/daughter's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware how their condition can affect how they feel and function e.g. fatigue, sexual function, fertility etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware how their condition can impact on their future career plans/work (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident my son/daughter is knowledgeable about their medical condition and its therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in helping my son/daughter to become responsible for their own medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident helping my son/daughter to contact the hospital themselves if they need to and to organise their own prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the plan for my son/daughters on-going medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Parent/carers transition programme

## Encouraging independence

My son/daughter is independent at home e.g. dressing, bathing, preparing meals, chores etc

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My son/daughter is independent away from the home e.g. getting to and around college/work, using public transport, shopping etc

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I feel confident for my son/daughter to be seen on their own for part or all of the clinic visit

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I understand my son/daughters rights to information, privacy and confidentiality

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I understand my son/daughters role in shared decision making with the healthcare team e.g. Ask 3 Questions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I know how to advise my son/daughter about financial matters e.g. eligibility for benefits and other support

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Healthy lifestyle

I understand the importance of an appropriate healthy diet for young people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I encourage my son/daughter to regularly exercise. I am aware of any restrictions my son/daughter may have because of their condition

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I understand the effects of smoking, drugs and alcohol on my son/daughters condition and general health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I know where to access reliable sexual health information for young people and their parents

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please list any other things you have any concerns about or would like to discuss

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Thank you

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