Self-Assessment of Worries, Concerns, and Burdens Related to Pituitary Hormone Deficiencies and Preparation for Transitioning

BY THE ENDOCRINE SOCIETY

Consider the following statements and note how important it would be to discuss the item with your healthcare team as you are moving on from pediatric to adult endocrinology care.

Patient Name_____ **Date** _____

GENERAL CONCERNS	**YES**	**MAYBE**	**NO**
1. I feel confused about managing my hormone deficiencies on my current treatment plan.	☐	☐	☐
2. My medical condition keeps me from doing many things that I want to do in life now.	☐	☐	☐
3. I feel "burned out" from daily growth hormone injections.	☐	☐	☐
4. I feel "burned out" from having to take multiple medications daily.	☐	☐	☐
SOCIAL/EMOTIONAL/COGNITIVE ISSUES			
5. I have trouble paying attention in class or at work.	☐	☐	☐
6. I seem to forget things more than most of my friends.	☐	☐	☐
7. I struggle to keep up with my class work or job responsibilities.	☐	☐	☐
8. Organizing my life every day is a challenge for me.	☐	☐	☐
9. I do not get along well with classmates and/or co-workers.	☐	☐	☐
10. I am not able to do things that others my age can do.	☐	☐	☐
11. I often feel sad or 'blue'.	☐	☐	☐
12. I worry about my future.	☐	☐	☐
13. My health conditions make it hard to find a significant other.	☐	☐	☐
14. I am worried about how my health conditions will affect my future fertility.	☐	☐	☐
TRANSITION PREPARATION AND READINESS TO TRANSFER FROM PEDIATRIC TO ADULT CARE			
15. I know how each of my medications work and what to do if things don't seem to be going right.	☐	☐	☐
16. I know what to do with my medications if I get sick.	☐	☐	☐
17. I have a MedicAlert ™ bracelet or other identifier.	☐	☐	☐

Patient Name_____ **Date** _____

	YES	MAYBE	NO
18. I can refill a prescription by myself.	☐	☐	☐
19. I can make a doctor's appointment by myself.	☐	☐	☐
20. I know what my insurance covers.	☐	☐	☐
21. I can get myself to my endocrinology appointments.	☐	☐	☐
22. If I need to see a specialist, I know how to find one.	☐	☐	☐
23. I have a primary care doctor and know how to contact him/her.	☐	☐	☐
24. I have friends or family who can help me with my medical care if I need it.	☐	☐	☐
25. I have contacted patient support organizations in my community.	☐	☐	☐

I WOULD LIKE TO TALK ABOUT SOME OF THESE ISSUES

Here are other topics I would like to discuss today _____

_____

_____

Here are other topics I would like to discuss in the future _____

_____

_____

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THIS PROGRAM WAS SUPPORTED BY EDUCATIONAL GRANTS FROM NOVO NORDISK INC.