

Family Sharing of Healthcare Responsibilities

Please complete the following survey to help us get a better understanding of how you and your family take care of your health. Remember: there are no wrong answers, so please select the answer that is true for you and your family.

| | | My parent(s) take responsibility for this MOST of the time | My parent(s) and I SHARE RESPONSIBILITY for this | I myself take responsibility for this MOST of the time | Someone else does this | Does not apply |
|---|-----------------------|--|--|--|------------------------|----------------|
| Scheduling appointments with doctors or other medical care providers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Remembering the day of medical appointments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Getting to the clinic or other medical appointments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Communicating directly with doctors or other medical care providers during medical appointments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Contacting the medical team between visits when concerns or questions arise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Remembering to take medications/insulin/injections or to complete other prescribed treatments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Requesting or ordering refills or medications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Getting any needed labs or other medical tests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Explaining my health condition(s) to others, other than medical providers (e.g., relatives, teachers, or friends) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Learning about my health condition(s) and treatment options | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Noticing changes in my health, such as weight changes or other possible signs and symptoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Knowing about medical costs and what is covered by insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Paying for medical costs, including costs for health insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |