

# Patient Checklist for Pediatric-to-Adult Transitional Management of JIA

This tool is meant for patients who have juvenile idiopathic arthritis (JIA) and their caregivers and is designed to help you as you move from pediatric treatment to adult treatment.

## Common symptoms of JIA are:



**Joint pain**



**Swelling**



**Stiffness**

These symptoms can interfere with daily life and can get worse if they are not treated.

***It's important to talk with your clinician and caregivers about your symptoms.***

# Think about the past few weeks:



How stiff have your joints felt in the morning?

PLEASE CLICK ONE

1 2 3 4 5 6 7 8 9 10

Less Stiff More Stiff



How long did the stiffness last?



How much have your joints ached during the day?

PLEASE CLICK ONE

1 2 3 4 5 6 7 8 9 10

Less Ache More Ache



What types of things have been hard for you to do because of joint stiffness or pain?



Did you have more **good days** or **bad days**?



Is your JIA medicine (if you are on one) making you feel **better** or **worse**?

## Quick Check

The following statements will help you assess whether you are ready to take the lead with your own medical needs.

*(For each statement, click the box that is closest to how you feel.)*

### My Health

**1.** I know how to explain my disease to friends and family members.

I know this

I need to learn this

I need someone to do this for me

**2.** I know my symptoms, including ones that I quickly need to see a doctor for.

I know this

I need to learn this

I need someone to do this for me

**3.** I know what to do if I have a medical emergency.

I know this

I need to learn this

I need someone to do this for me

### My Treatment Plan

**4.** I know what is in my written healthcare transition plan and where it is located.

I know this

I need to learn this

I need someone to do this for me

**5.** I know the medications I take and what they are used for.

I know this

I need to learn this

I need someone to do this for me

**6.** I know the possible side effects for my medications.

I know this

I need to learn this

# My Treatment Plan (continued)

**7.** I know my allergies to medicines and medicines I should not take.

I know this

I need to learn this

I need someone to do this for me

**8.** I know where my pharmacy is and how to refill my medicines.

I know this

I need to learn this

I need someone to do this for me

**9.** I know to take my medications on my own without being reminded to do so.

I know this

I need to learn this

I need someone to do this for me

**10.** If I need to take injectable medications, I know how to do this on my own.

I know this

I need to learn this

I need someone to do this for me

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## Using the Healthcare System

**11.** I know how to contact my doctor's office, including after hours.

I know this

I need to learn this

I need someone to do this for me

**12.** I know how to make my own doctor appointments.

I know this

I need to learn this

I need someone to do this for me

**13.** I know how I will get to my doctor appointments.

I know this

I need to learn this

I need someone to do this for me

# Using the Healthcare System (continued)

**14.** I carry important health information with me every day (eg, insurance card, allergies, medications, emergency contact information, medical summary).

I do this

I need to do this

I need someone to help me do this

**15.** I know what to do if I have a medical emergency.

I know this

I need to learn this

I need someone to do this for me

**16.** Before a visit, I think about questions to ask.

I do this

I need to do this

I need someone to help me do this

**17.** I show up 15 minutes before the appointment to check in.

I do this

I need to do this

I need someone to help me do this

**18.** I know what type of health insurance I have.

I know this

I need to learn this

**19.** I know what my plan is to keep my health insurance after I am 18.

I know this

I need to learn this

I need someone to do this for me

**20.** I understand how healthcare privacy changes when I turn 18.

I know this

I need to learn this

# Are you ready?

 How confident do you feel about switching to an adult doctor?

PLEASE CLICK ONE

1 2 3 4 5 6 7 8 9 10

Less Confident More Confident

 How confident do you **want** to be about switching to an adult doctor?

PLEASE CLICK ONE

1 2 3 4 5 6 7 8 9 10

Less Confident More Confident



Talk to your doctor or caregiver if you need more information about any of the topics mentioned above.

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## Resources

**American College of Rheumatology**

<https://www.rheumatology.org/>

**Arthritis Foundation**

<https://www.arthritis.org/>

**National Alliance to Advance Adolescent Health**

[www.gottransition.org/families-resources](http://www.gottransition.org/families-resources)

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