

TO BE COMPLETED AT DISCHARGE  
TO BE COMPLETED BY PARENT/GUARDIAN  
**CARE TRANSITION MEASURE (CTM-15)**

Study ID: \_\_\_\_\_

Who completed interview (please circle)?      Mom                  Dad                  Guardian

**The first few statements are about the time your child was in the hospital...**

1. At the time of hospital discharge, the staff and I agreed about the clear health goals for my child and how these would be reached.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

2. The hospital staff took my child's preferences and those of my family into account in deciding *what* my child's health care needs would be when he/she left the hospital.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

3. The hospital staff took my child's preferences and those of my family into account in deciding *where* my health care needs would be met when my child left the hospital.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

**The next set of statements is about when your child was preparing to leave the hospital...**

4. At the time of hospital discharge, I had all the information I needed to take care of my child.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

**TO BE COMPLETED AT DISCHARGE  
TO BE COMPLETED BY PARENT/GUARDIAN**

5. At the time of hospital discharge, I clearly understood how to manage his/her health.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

6. At the time of hospital discharge, I clearly understood the warning signs and symptoms I should watch for to monitor my child's health.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

7. At the time of hospital discharge, I had a readable and easily understood written plan that described how all of my child's health care needs were going to be met.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

8. At the time of hospital discharge, I had a good understanding of his/her health condition and what makes it better or worse.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

9. At the time of hospital discharge, I had a good understanding of the things I was responsible for in managing my child's health.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

10. At the time of hospital discharge, I was confident that I knew what to do to manage my child's health.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

TO BE COMPLETED AT DISCHARGE  
TO BE COMPLETED BY PARENT/GUARDIAN

11. At the time of hospital discharge, I was confident I could actually do the things I need to do to take care of my child's health.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

**The next statement is about your child's follow-up doctors' appointment...**

12. At the time of hospital discharge, I had a readable and easily understood written list of the appointments or tests my child needed to complete in the next several weeks.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

**The next set of statements is about your child's medications**

13. At the time of hospital discharge, I clearly understood the *purpose* for my child taking each of his/her medications.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

14. At the time of hospital discharge, I clearly understood *how* to administer each of my child's medications, including how much they should take and when.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---

15. At the time of hospital discharge, I clearly understood the possible *side effects* of each of my child's medications.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know/ Don't Remember/ Not Applicable</b>
------------------------------	-----------------	--------------	---------------------------	---