

Hospital Number:.....

NHS Number:.....

The Ready Steady Go transition plan - Steady

Ready
Steady
Go

The Ready Steady Go programme will help you manage your condition and look after yourself.



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



Your medical team and family will help you along the way.



Name: _____

Date: _____

Knowledge and skills	Yes	I would like some help	Comment
KNOWLEDGE - WHAT I KNOW			
 I understand the medical 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			

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Knowledge and skills	Yes	I would like some help	Comment
 I call the hospital myself if there is a question about my condition or treatment			
 I know who looks after me and my condition			
 I know what each member of the medical team can do for me			
 I know the differences between children's and adult health care			
 I know where I can get information and support for young people with my condition			

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Knowledge and skills	Yes	I would like some help	Comment
SELF ADVOCACY - SPEAKING UP FOR YOURSELF			
 I can ask my own questions in clinic			
 I feel confident to be seen on my own for some of the clinic visit			
 I understand my right to confidentiality			
 I know it is important to be involved in any decisions about me			
 I know about 'Ask 3 questions'			
HEALTH AND LIFESTYLE			
 I understand it is important to exercise for my general health and condition			
 I understand the risks of alcohol, drugs and smoking to my health			

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Knowledge and skills	Yes	I would like some help	Comment
 I know what food is good for me and not good for me			
 I know how my condition can affect me as I get older			
 I know where I can get information about sexual health			
 I understand the impact of my condition and medication on pregnancy and parenting			

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Knowledge and skills	Yes	I would like some help	Comment
DAILY LIVING			
 I can look after myself at home - like dressing and washing myself			
 I can make my own meals and snacks			
 I can stay away from home overnight and know what to do if I want to go on holiday			
 I know which benefits I can claim			
SCHOOL AND WHEN I LEAVE SCHOOL			
 I am doing ok at school - like getting to and from school, getting around school, doing PE and making new friends			

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Knowledge and skills	Yes	I would like some help	Comment
 I know what I want to do when I leave school			
 I have had work experience			
 I am aware of the impact my condition could have on my future plans			
 I know who to contact for careers advice			
LEISURE - MY FREE TIME			
 I can use public transport to get to the shops, leisure centre or cinema			
 I see my friends outside of school			

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Knowledge and skills	Yes	I would like some help	Comment
MANAGING EMOTIONS - MY FEELINGS			
 I know how to deal with mean comments and bullying			
 I know someone I can talk to when I feel sad or fed-up			
 I know how to deal with emotions such as anger or anxiety			
 I am comfortable with the way I look			
 I am happy with life			

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Knowledge and skills	Yes	I would like some help	Comment
TRANSITION			
 I understand why I am on the 'Ready Steady Go' programme			
 I know the plan for my care when I am an adult			
 I have the information I need about the adult team who will be looking after me			



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ER April 2020. 2151

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