

# Transition to Adulthood Plan (TAP) Questionnaire

## Youth (14+) Version

1. What are your strengths?

2. What are your challenges?

3. Have you thought about what you'd like to do after high school?

Yes  No

If yes, what would you like to do?

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4. Have you made a plan on how to achieve this?

Yes  No

If yes, how do you plan to achieve this?

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5. What excites you about your future?

6. What makes you nervous about your future?

Not Important at all      Not important but I will if I have/need to      Neutral      Somewhat Important      Very Important

How important is it to you to take care of your own health needs?

                      

**How important is it to you that you can...**

a. Know about your medical needs?

                      

b. Advocate to others about your medical needs?

                      

c. Talk with your health care provider about your needs?

                      

d. Make your own medical decisions?

                      

7. Do you know the names of the medications you take?       Yes       No

8. Do you know which medications to take and when to take your medication without someone reminding you?       Yes       No

9. How do you keep track of upcoming medical appointments?

- My parent(s)/caregiver reminds me
- I put a reminder on my phone/on my planner/calendar
- I tend to forget if it's left up to me