



Young Adults Transition Readiness

Please fill out this form to help us see what you already know about your mental health and how to continue caring for your mental health after high school.

Name: _____ Date of Birth: _____ Date Completed: _____

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How likely are you to want to continue therapy after high school?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident are you in your ability to access therapy after high school?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Mental Health	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know my mental health diagnoses.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my mental health symptoms to others.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what helps my symptoms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what stresses me out and how to avoid or cope with it.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know signs of when I am going into crisis.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do in case I am in crisis.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing Mental Health Services	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know how to make my own therapy appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get myself to my therapy appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to call for help if my therapist's office is closed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand that when I turn 18, I have full privacy in my health care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know I have to get my own health insurance at age 21.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to sign up for insurance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information every day (insurance card, emergency contact information, medications).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a primary care doctor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you take psychiatric medication, please continue.				
Psychiatric Medication	<i>Please check the box that applies to you right now.</i>	Yes	I want to learn	No
I know the name(s) of the medication(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know why I take medication.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when to take my medication each day.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to refill my medication.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the possible side effects of my medication.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>