

Boston Children's Hospital
Pediatric Integrated Care Survey
For Parents/Guardians
MODULE 1: Transition to Adult Care
Version 1.0



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1. Is your child 13 years or older?

- Yes → go to question [2]
- No → skip to question []

2. In the past 12 months, have any of your child's care team members given you information about transferring your child to adult care? (*Check ONE box*)

- Yes
- No

3. In the past 12 months, have any of your child's care team members talked to you about the process of transferring your child to adult care? (*Check ONE box*)

- Yes → go to question [4]
- No → skip to question []

4. In the past 12 months, have any of your child's care team members talked with you about necessary steps to prepare your child to transfer to adult care? (*Check ONE box*)

- Yes
- No

