

## APPENDIX 2 TRANSITIONAL CHECKLIST

The transitional checklist is a short questionnaire that should be completed by the transition worker assigned to each person who moves into the home or community. The questionnaire is a repeated measure, being completed at the pre-transition stage, 1 month after the move and at 6 months post follow-up.

### *Example transitional checklist*

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of move: \_\_\_\_\_

How many times has the person moved in the last 12 months?

Please circle if the person has *epilepsy; an auditory impairment; a visual impairment; a physical impairment; a psychiatric diagnosis*

Please circle the appropriate term which would describe the person's degree of cognitive impairment: *mild; moderate; severe; profound*

Does the person have behavior described as challenging or problematic? *Yes / No*

- If yes to the preceding question, please circle the appropriate category to indicate what these problem behaviors are: *aggression to property; self-harm; other* (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many incidents of the problem behaviors have there been during the last period? \_\_\_\_\_ incidents.

If the person is prescribed "*prn/as required medicine*" for the behaviors, how often has this been administered during the last period? \_\_\_\_\_ administrations.

Has the person been incontinent during the last period? Yes / No

If the person has been incontinent, how often: \_\_\_\_\_ times.

How many times has the person been ill during the last period?  
\_\_\_\_\_ times.

How many accident reports have been completed for this person during the last period? \_\_\_\_\_

Is the person's sleep: *good; average; disturbed.*

Please state the person's daytime activities:

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Please circle the point on the scale that you think best describes how the person has been during the last period:

Happy 1 2 3 4 5 6 7 Unhappy

Calm 1 2 3 4 5 6 7 Agitated

↓ Problem behavior 1 2 3 4 5 6 7 Problem behavior ↑

Sociable 1 2 3 4 5 6 7 Unsociable

Responsive 1 2 3 4 5 6 7 Apathetic

Good tempered 1 2 3 4 5 6 7 Irritable

Any additional comments/information:

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Completed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## *Use of transitional checklist*

1. The transitional checklist is a useful tool for monitoring the effects of transition in anyone experiencing change. Once completed, it will show at a glance whether the person may be experiencing negative, undesirable effects.
2. This checklist is an example only and may not be suitable for each and every individual. However, it may serve as a useful guide to direct care staff wishing to design a checklist to suit individual needs.
3. Where someone has the necessary skills, he or she should always be enabled to complete the checklist along with the person responsible for its completion. This should be detailed in the SAP.
4. The completed checklists must be audited at all times, thus ensuring that direct care staff are aware of any need to design and implement the relevant intervention strategy.
5. As a shared document between professionals and others embarking on the journey of the person living with an NCD, this checklist is invaluable.

While working as part of the team that helped close Stoke Park Hospital in Bristol, UK, and relocate people into the community, this strategy was extremely valuable. Implementing individual transition management plans (ITMPs) can, and does, reduce any negative impact that change can have on those we support, and strengthens our armory as clinicians.