Have knowledge of health insurance concerns and issues:

1. Do you know the eligibility requirements for your health insurance? Yes No N/A W/A
2. Have you applied for income assistance (SSI) and other public services? Yes No N/A W/A
3. Do you know how to use your health insurance (obtaining authorization for services)? Yes No N/A W/A

Demonstrate knowledge of rights and protections:

1. Do you have the school/work setting accommodations that you need? Yes No N/A W/A
2. Have you contacted the college/university Office of Disabled Students? Yes No N/A W/A
3. Do you understand the rights you have because of the Americans with Disabilities Act? Yes No N/A W/A
4. Have you applied for other public services (social Service, vocational rehabilitation)? Yes No N/A W/A

Use transportation safely:

1. Do you have a driver’s license? Yes No N/A W/A
2. Do you use buses, trains or other types of public transportation? Yes No N/A W/A
3. Do you use bus or other travel schedules for getting rides? Yes No N/A W/A
4. Do you have the money you need to get bus passes/ use your car? Yes No N/A W/A
5. Do you have any problems in getting to your travel destinations? Yes No N/A W/A
6. Do you know etiquette according to mode of transportation: waiting one’s turn, getting up for the elderly Yes No N/A W/A
7. Do you use Dial-A-Ride, Access Van? Yes No N/A W/A
8. Do you feel safe taking the bus, van, driving? Yes No N/A W/A
9. Do you usually arrive and leave on time? Yes No N/A W/A
10. Do you avoid sitting next to passengers with colds, cough? Yes No N/A W/A
11. Do you know how you should interact with strangers when traveling/using public transportation? Yes No N/A W/A
12. Do you carry the phone number of friends/family when you travel/use transportation? Yes No N/A W/A
13. Do you let others know when you take trips or leave the house? Yes No N/A W/A

For additional information, contact:

Cecily L. Betz, PhD, RN, FAAN
USC Center for Excellence in Developmental Disabilities
Childrens Hospital Los Angeles
4650 Sunset Boulevard, Mail Stop #53, Los Angeles, California 90027
Phone: 323-644-8524; Fax: 323-361-8305; Email: cbetz@chla.usc.edu
groups/camps.

**Know how to use community resources:**

1. Do you know how to get services in your area? Yes No N/A W/A
2. Have you used services in your community? Yes No N/A W/A
3. Are you able to use community transportation when you need it? Yes No N/A W/A
4. Do you have an individualized health plan developed by the school nurse that is used at your school? Yes No N/A W/A

**Demonstrate responsible sexual activity by:**

1. Are you able to avoid dangerous situations? Yes No N/A W/A
2. Are you able to provide a reliable sexual history? Yes No N/A W/A
3. Do you know what is a sexual transmitted disease (STD) affects and how it can affect you? Yes No N/A W/A
4. Do you have enough information about contraception and ways to prevent STDs? Yes No N/A W/A

**Obtain information and reproductive counseling when needed:**

1. Do you know when to seek birth control counseling? Yes No N/A W/A
2. Do you understand the problems associated with teenage/unplanned pregnancy? Yes No N/A W/A
3. Do you think you understand the responsibilities with being a parent? Yes No N/A W/A

**Keep track of health records:**

1. Do you have a copy of your health records? Yes No N/A W/A
2. Does your doctor/therapist have a copy of your health records? Yes No N/A W/A
3. Do you have an insurance card or copy of it? Yes No N/A W/A
4. Do you have a method for keeping track of your health care appointments? Yes No N/A W/A
What to do in an emergency:

1. Do you have a phone to use in case of an emergency? Yes No N/A W/A
2. Do you have the phone numbers of family and friends to call in emergencies? Yes No N/A W/A
3. Do have the phone numbers of health and non-health emergency services, poison control center? Yes No N/A W/A
4. Do you know where the closest hospital emergency department is? Yes No N/A W/A
5. Have you notified the fire department of your special needs and developed an emergency evacuation plan? Yes No N/A W/A
6. Have you notified the gas/electric companies if you have additional service needs (for instance, you use a ventilator to breath)? Yes No N/A W/A

Have needed environmental modifications/accommodations:

1. Do you have the needed electrical modifications or other durable equipment? Yes No N/A W/A
2. Do you have storage space for your supplies and equipment? Yes No N/A W/A
3. Does your home have wheelchair ramps and other modifications (wide doors, tubs with hand rails)? Yes No N/A W/A
4. Are you able to properly and safely dispose of supplies (i.e. needles)? Yes No N/A W/A

Know how to monitor special health care needs:

1. Do you know when to see your doctor? Yes No N/A W/A
2. Can you recognize when you’re getting ill? Yes No N/A W/A
3. Do you know what situations (increased elevations, large crowds airport scanners) to avoid for health reasons? Yes No N/A W/A

Know how to manage your special health care needs:

1. Are you responsible for making appointments with your specialists? Yes No N/A W/A
2. Are you responsible for refilling medications and supplies? Yes No N/A W/A
3. Do you know when to replace durable equipment? Yes No N/A W/A
4. Do you have extra/backup supplies or equipment? Yes No N/A W/A
5. Do you have an attendant(s), home health aide(s), school aide(s), interpreter(s)? Yes No N/A W/A
6. Are you responsible for their supervision? Yes No N/A W/A
7. Do you hire the personal attendants/assistants (PAS) that you need? Yes No N/A W/A

Do you know how to communicate effectively:

1. Seeking answers to health related concerns. Yes No N/A W/A
2. Being able to ask questions of providers. Yes No N/A W/A
3. Obtaining appropriate communication devices/systems as needed. Yes No N/A W/A
4. Making contact with teen/young adult support Yes No N/A W/A
CA HRTW Transition Health Care Assessment for Teens with Spina Bifida

Knowledge of your health condition and how to take care of yourself:

1. Do you know what caused your medical condition?  
2. Do you understand the changes/symptoms caused by your medical condition?  
3. Do you know how to catheterize yourself?  
4. Do you know how to make yourself have bowel movements?  
5. Do you know how to prevent urine infections?  
6. Do you know how to prevent skin infections?  
7. Do you know when your shunt needs to be checked?  
8. Do you understand the action of the medications you take?  
9. Do you understand the laboratory and diagnostic tests you have?

What you do to keep healthy:

1. Do you have a doctor that you see regularly?  
2. Are you up-to-date with immunizations and general health check ups?  
3. Do you use alcohol, cigarettes, drugs, or have unprotected sex?  
4. Do you use self-protection devices such as wearing orthotics/helmet?  
5. Do you wear a Medi-Alert bracelet/necklace?  
6. Do you exercise regularly?  
7. Do you see a dentist at least every six months?  
8. Do you brush and floss your teeth twice a day?  
9. Do you know when you’re getting sick such as a cold or urinary tract infection?