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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:

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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 tract of your health care appointments?	Yes	No	N/A	W/A

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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

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CA HRTW Transition Health Care Assessment for Teens with Spina Bifida

	PLEASE CIRCLE ONE:			
	Yes	No	N/A	W/A
Knowledge of your health condition and how to take care of yourself:				
1. Do you know what caused your medical condition?	Yes	No	N/A	W/A
2. Do you understand the changes/symptoms caused by your medical condition?	Yes	No	N/A	W/A
3. Do you know how to catheterize yourself?	Yes	No	N/A	W/A
4. Do you know how to make yourself have bowel movements?	Yes	No	N/A	W/A
5. Do you know how to prevent urine infections?	Yes	No	N/A	W/A
6. Do you know how to prevent skin infections?	Yes	No	N/A	W/A
7. Do you know when your shunt needs to be checked?	Yes	No	N/A	W/A
8. Do you understand the action of the medications you take?	Yes	No	N/A	W/A
9. Do you understand the laboratory and diagnostic tests you have?	Yes	No	N/A	W/A
What you do to keep healthy:				
1. Do you have a doctor that you see regularly?	Yes	No	N/A	W/A
2. Are you up-to-date with immunizations and general health check ups?	Yes	No	N/A	W/A
3. Do you use alcohol, cigarettes, drugs, or have unprotected sex?	Yes	No	N/A	W/A
4. Do you use self-protection devices such as wearing orthotics/helmet?	Yes	No	N/A	W/A
5. Do you wear a Medi-Alert bracelet/necklace?	Yes	No	N/A	W/A
6. Do you exercise regularly?	Yes	No	N/A	W/A
7. Do you see a dentist at least every six months?	Yes	No	N/A	W/A
8. Do you brush and floss your teeth twice a day?	Yes	No	N/A	W/A
9. Do you know when you’re getting sick such as a cold or urinary tract infection?	Yes	No	N/A	W/A