Appendix I. TRAQ-spina bifida questions

Patient Name: _____ Date of Birth: ___/___/___ Today's Date ___/___/___ (MRN# _____)

Transition Readiness Assessment Questionnaire (TRAQ)

Directions to Youth and Young Adults: Please check the box that best describes ***your*** skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.

Directions to Caregivers/Parents: If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes ***your*** skill level.   **Check here** if you are a parent/caregiver completing this form. [   ]

	No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
Managing Medications					
1. Do you fill a prescription if you need to?					
2. Do you know what to do if you are having a bad reaction to your medications?					
3. Do you take medications correctly and on your own?					
4. Do you reorder medications before they run out?					
Appointment Keeping					
5. Do you call the doctor's office to make an appointment?					
6. Do you follow-up on any referral for tests, check-ups or labs?					
7. Do you arrange for your ride to medical appointments?					
8. Do you call the doctor about unusual changes in your health (For example: Allergic reactions)?					
9. Do you apply for health insurance if you lose your current coverage?					
10. Do you know what your health insurance covers?					
11. Do you manage your money & budget household expenses (For example: use checking/debit card)?					
Tracking Health Issues					
12. Do you fill out the medical history form, including a list of your allergies?					
13. Do you keep a calendar or list of medical and other appointments?					
14. Do you make a list of questions before the doctor's visit?					
15. Do you get financial help with school or work?					
Talking with Providers					
16. Do you tell the doctor or nurse what you are feeling?					
17. Do you answer questions that are asked by the doctor, nurse, or clinic staff?					
Managing Daily Activities					
18. Do you help plan or prepare meals/food?					
19. Do you keep home/room clean or clean-up after meals?					
20. Do you use neighborhood stores and services (For example: Grocery stores and pharmacy stores)?					

	No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
Spina Bifida Specific Transition Activities					
21. Do you know how to tell if something is wrong with your shunt (e.g., headache, vomiting, seizures, etc.)?					
22. Do you tell someone (nurse, doctor or support person) else if you think you have signs that something is wrong with your shunt?					
23. Do you practice bowel management as recommended (e.g., use of suppositories, enemas, stool softeners, or laxatives as needed)?					
24. Do you know how to tell warning signs of GI problems (e.g., diarrhea, constipation)?					
25. Do you take the necessary steps to address GI problems (e.g., tell a nurse, doctor or support person or follow a treatment plan)?					
26. Do you practice bladder management as recommended (e.g., self-catheterizes on agreed upon schedule)?					
27. Do you know how to tell if if you have a urinary tract infection (e.g., fever, stomach ache, smelly urine, cloudy urine, or blood in urine)?					
28. Do you take the necessary steps to address bladder problems (e.g., tell a nurse, doctor or support person or follow a treatment plan)?					
29. Do take steps to protect your skin from potential damage, pressure sores or infection?					
30. Do you know how to tell if something is wrong with your skin (e.g., redness, swelling, fever, blister and sores)?					
31. Do you take the necessary steps to address skin problems (e.g., tell a nurse, doctor or support person or follow a treatment plan)?					
32. Do you order new equipment when you need it or get your equipment fixed if it needs repairing? (Leave blank if you do not use equipment)					