

**This is what you need to prepare to become an adult. Please “V” check in the place that best describes your current status.**

Transition items	Yes	No	N/A
<b>1. Healthcare-SB</b>			
1) I know that preparation (transition) is necessary to become a healthy adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I know my diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I can explain the physical symptoms caused by spina bifida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I know what to do in case of health-related problems (eg allergic reactions, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Healthcare-voiding management</b>			
5) I purchase and manage catheters (pads) without assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) I use a catheter (pad) without helps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) I know the importance of water intake and the amount of urination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) I know the abnormal symptoms of the urinary system (hematuria, fever, pelvic pain, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Healthcare-bowel management</b>			
9) I know the pattern and frequency of my defecation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) I cope with fecal incontinence without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) I do enema without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) I know the abnormal symptoms of the bowel problem (blood stool, diarrhea, constipation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Healthcare-medication</b>			
13) I buy prescription drugs from a pharmacy without assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) I Know the name, effect, dosage, and precautions of the drugs I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) I Take the medicine accurately without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Healthcare-neurological health</b>			
16) I know whether or not a shunt is inserted due to my hydrocephalus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) I Know the symptoms of shunt dysfunction (headache, vomiting, seizure, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) I know the abnormal symptoms of the nervous system (numbness in the senses, weakness in the legs, changes in urine pattern, slurred speech, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Healthcare-orthopedic health</b>			
19) I know the names of assistive devices (braces, crutches, wheelchairs, etc.) used for mobility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) I directly manage the assistive devices (orthosis, crutches, wheelchairs, etc.) used to move.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) I Know the skin abnormalities (redness, swelling, heat, blisters, pressure sores, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transition items (cont'd)	Yes	No	N/A
6. Healthcare-orthopedic health (cont'd)			
22) I Knows how to prevent skin abnormalities (check the feet, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. healthcare-sexual health			
23) I Knows about general sex education (secondary sexual characteristics, pregnancy, contraception, sexually transmitted diseases, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) I know the content of sex education related to spina bifida (sex life problems related to spina bifida, folic acid intake, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) I Feel free to discuss with healthcare providers about sexual or pregnancy-related issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) I Feel free to talk with my parents about sexual or pregnancy-related issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Medical treatment-related issues			
27) I know the health insurance reinforcing policy (system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) I know how to issue medical records (medical reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) I make an appointment for hospital treatment and examination without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) I record or know my treatment and examination schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) I prepare questions to be asked during treatment in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) I visit the hospital without help (using public transportation, walking, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) I do reception and receipt for hospital treatment and examination without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) I get hospital care and examinations without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) I ask questions during treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Daily and school life			
36) I manage my schedule (school and academy schedules, appointments with friends, leisure activities, etc.) without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) I express my thoughts and feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) I help prepare meals or do it myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) I buy necessary items without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) I use public transportation without help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) I receive pocket money and manage the money myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) I explain my health condition to acquaintances or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) I participate in the Spinal Bifida Patients Association (Kakao Talk, SNS, meetings, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Preparing for the future			
44) I have a dream job for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45) I have a plan to achieve my dream job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transition items (cont'd)		Yes	No	N/A
10. Preparing for the future (cont'd)				
46) There is a person I consider to be a mentor.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47) I know the university entrance examination related to spina bifida (equal opportunity admission- persons with special conditions).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Family				
48) My family allows me to do it myself.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49) I share and discuss my future with my family.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50) I discuss my health condition with my family.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>