

Ready for transition to adult care? Validation of the Polish version of the Transition Readiness Assessment Questionnaire for adolescents with spina bifida (TRAQ-SB)

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Introduction Guidelines for transition from paediatric to adult care are being introduced around the world. There are tools available in the English-language literature to assess a patient's readiness to transition. The aim of the study was to adapt the English-language version of the Transition Readiness Assessment Questionnaire for patients with spina bifida (TRAQ-SB).

Material and methods The questionnaire was translated into Polish following the established procedure. Two native Polish speakers who declared a very good command of English translated the TRAQ-SB into Polish. Then, 2 native English speakers who declared fluency in Polish and who did not know the content of the original questionnaire, independently translated it back into English. The outcome was assessed and the discrepancies related to different healthcare systems were corrected and approved with the author of the TRAQ-SB. The TRAQ-SB-PL scale was also checked for reliability, construct validity, and internal consistency in a pilot study. Fifty-two spina bifida patients aged 13 to 18 years were recruited.

Results Static analysis revealed a 3-domain structure of the 26-item version of the TRAQ-SB-PL: "Autonomy", "Health literacy", and "Adherence". The internal consistency of the total score was good (0.734). Age had a significant effect on the TRAQ-SB-PL-26 score. There was no statistically significant difference between girls and boys.

Conclusions The TRAQ-SB-PL-26 is a reliable tool that can also be used in the Polish population. It will help to identify teenagers who need more attention during the transition process. The survey will raise awareness of the transition and may be used for educational purposes.

Key Words: transition ↔ urology ↔ spina bifida ↔ questionnaire

INTRODUCTION

Spina bifida is a common neurologic abnormality, with worldwide incidence estimated at 0.3 to 4.5 per 1,000 births. The primary goal of urological management is to protect the upper urinary tract and maintain good renal function through proper

bladder function control. Another important factor for optimal quality of life is independence with respect to the bladder and bowel management and sexuality [1].

Transition into adulthood is a common issue in urology. Neurogenic lower urinary tract dysfunction (NLUTD) in patients with spinal dysraphism is the

most frequently described model of transition in paediatric urology, but there remains a need to improve transitional care for young adults with this anomaly. Even in the best-organised centres, transition is successful in only 40% of patients [2, 3]. Newborns can survive the most critical period thanks to well-organised care, and proper management throughout childhood ensures that over 80% of patients reach adulthood [4].

Puberty is a critical moment for teenagers who require ongoing and long-term follow-up. This period is often associated with the lack of regular medical visits, which can negatively impact treatment outcomes and the quality of life [5, 6].

Guidelines for transition from paediatric to adult care are being introduced around the world, typically at age 18 years [7]. Sometimes it happens that young people remain under paediatric care until the age of 24 years. Recent literature highlights proper preparation of the patient for the transition rather than chronological age [8]. Therefore, the patient's independence should be assessed in relation to their participation in the treatment process, as well as everyday activities, using objective and proven tools. In the English-language literature, there are instruments for assessing a patient's readiness for transition. At the East Tennessee State University in the USA, a questionnaire – Transition Readiness Assessment Questionnaire (TRAQ) – and its modification taking into account the needs of patients with spina bifida TRAQ-SB, were developed [8–10].

TRAQ has already been translated and adapted in several European languages, and a Polish version of the questionnaire is being prepared [11, 12]. However, the purpose of this publication is to adapt the TRAQ-SB, taking into account the needs of Polish-speaking patients with spina bifida.

The aim of the study was to adapt the English Transition Readiness Assessment Questionnaire for patients with spina bifida (TRAQ-SB) to initially assess the possibility of its use in clinical practice. The study was intended to improve care for young people with myelomeningocele in transition.

MATERIAL AND METHODS

The TRAQ-SB is a transition readiness questionnaire for adolescents and young adults aged 12–26 years with spina bifida. It includes 32 core items organised by topic: “Taking Medications”, “Making Appointments”, “Monitoring Health Issues”, “Speaking with Health Care Professionals”, “Taking care of everyday activities”, and 12 additional items reserved for spina bifida patients. Items are scored from 1 (“No, I don't know how”) to 5 (“Yes,

I always do that when I need to”). A lower overall score indicates less willingness to transition [8].

After obtaining the consent of the author of TRAQ-SB spina bifida, the questionnaire was translated into Polish following the established procedure [13]. Two native Polish speakers who declared a very good command of English translated the TRAQ-SB into Polish. Then, 2 native English speakers fluent in Polish and who did not know the content of the original questionnaire independently translated it back into English. The outcome was assessed and discrepancies related to different healthcare systems were corrected and approved by the author of the TRAQ-SB.

From the Polish TRAQ-SB, questions 9 and 10 were removed, due to differences of the healthcare systems. In the “Speaking with healthcare professionals” section, questions 16–20 from the TRAQ were included instead of questions 16 and 17. These changes were made in accordance at the suggestion of the author, who believed that these questions are more representative.

Thus, the Polish version of the TRAQ-SB-PL questionnaire contains 33 items. The maximum total score for a patient is 165 and the minimum is 33.

Questions from the TRAQ:

- 16. Do you ask questions of your nurse or doctor about your health or health care?
- 17. Do you answer questions that are asked by the doctor, nurse, or clinic staff?
- 18. Do you ask your doctor or nurse to explain things more clearly if you do not understand their instructions to you?
- 19. Do you tell the doctor or nurse whether you followed their advice or recommendations?
- 20. Do you explain your health history to your healthcare providers (including past surgeries, allergies, medications)?

The surveys were collected from June 2021 to June 2022. In our centre's database, patients aged 13 to 18 years with myelomeningocele were identified. During routine follow-up visits at the urology outpatient clinic, patients were asked to complete a questionnaire. An invitation to participate into the study was sent to the patients' organisations, which support children born with spina bifida. The research team asked interested patients to complete questionnaires during educational and integration meetings. The criterion for exclusion from the study was the child's significant cognitive impairment, which made it impossible to complete the questionnaire, or poor knowledge of the Polish language. All patients completed the questionnaire within 15 minutes, without the need for additional assistance from the research team.

Statistical analysis

The adapted and corrected TRAQ-SB-PL scale was tested for reliability, construct validity, and internal consistency. There were no missing answers in the questions, and no imputation method had to be used for missing observations.

Each question of the TRAQ-SB-PL and the overall score of the scale were described using descriptive statistics measures (mean, standard deviation, median, minimum, maximum) and frequency distribution.

Because questions 9 and 10 were removed from the Polish TRAQ-SB-PL and questions 16–20 from the TRAQ were introduced in the “Speaking with healthcare professionals” section instead of questions 16 and 17, the Polish version of the TRAQ-SB-PL questionnaire contains 33 items.

There was no evidence of the prior structure of our adapted 33-item scale. Therefore, an exploratory factor analysis (EFA) was performed. The adequacy of the use of the EFA model for the collected data was verified using the Kaiser-Meyer-Olkin (KMO) tests and the Bartlett sphericity (1954) test. The internal consistency of the questionnaire was assessed using Cronbach's α [14]. Statistical analysis was performed using StatSoft STATISTICA 13.3 software.

Bioethical standards

The study was approved by the Bioethics Committee of the Jagiellonian University in Krakow (approval No. 1072.6120.140.2021; date: 16.06.2021).

RESULTS

Characteristics of the study sample

A total of 52 patients aged 13 to 18 years were examined. The mean age of the patients was 15.3 years (SD ± 1.5). Twenty-five per cent of the youngest patients were under the age of 14 years, while 25% of the oldest patients were at least 16.5 years old. The age distribution of patients is 9.6% (<10%). Therefore, the study group can be considered as homogeneous in terms of age. The TRAQ-SB-PL questionnaire was completed by the patients themselves.

Exploratory factor analysis

To identify the factor structure of TRAQ-SB-PL, a factor analysis was performed on a sample of 52 respondents. First, the dependencies between the questions were verified using the KMO criterion. If the observable variables (using questions) show too weak a correlation, factor analysis should not be performed.

For all 33 questions prepared, the KMO index was 0.371. In many publications, a value of 0.7 is considered a threshold value [14]. Therefore, the correlation matrix between the questions was reviewed and the poorly correlated questions (Spearman's correlation coefficient below 0.2) were eliminated. As a result of this analysis, the following questions were removed from the survey: numbers 3, 6, 15, and 31. In addition, questions 22, 23, and 33 did not apply to 19% of respondents without a valve. Therefore, it was decided to remove these questions from the survey and conduct only a descriptive analysis of these questions. As a result of this analysis, the TRAQ-SB-PL questionnaire was shortened from 33 to 26 questions, which were subjected to factor analysis. The KMO test was 0.734, and Bartlett's (1954) sphericity test ($p < 0.001$) indicated the usefulness of factor analysis to verify factors based on the corrected TRAQ-SB-PL-26 questionnaire.

The scree criterion analysis indicated the distinction of 3 potential factors influencing the preparation for the transition, and 3 factors also showed an eigenvalue greater than 1, explaining at the same time 50.32% of the total variance. Thus, the EFA analysis identified 3 important factors: Domain 1 – “Autonomy” (questions: 1, 2, 4, 5, 7, 8, 9, 10, 11, and 12); Domain 2 – “Health literacy” (questions: 13, 14, 16, 17, and 18); and Domain 3 – “Adherence” (questions: 19, 20, 21, 24, 25, 26, 27, 28, 29, 30, and 32). All items loaded on at least one factor at a level of more than 0.40 except item 24 (“Do you follow recommendations regarding defecation [ex. using suppositories, enemas, or laxatives if needed]?”), factor loading 0.38). Factor loadings are demonstrated in Table 1.

Internal consistency

To test the internal consistency, Cronbach's α coefficient was calculated. For the selected subscales, the values of Cronbach's α coefficient are as follows: Domain 1: 0.726, Domain 2: 0.867, and Domain 3: 0.541. The reliability analysis showed a high internal consistency of the sub-sector of the 26-item version of the TRAQ-SB-PL-26 measurement tool. These coefficients are presented in Table 1.

TRAQ-SB-PL-26 item values and overall score

According to the original TRAQ-SB questionnaire, items are measured in the range from 1 to 5. There were no missing answers in the collected data for the variables selected in the first stage of the analysis. The basic characteristics of each item are summarised in Table 2.

The lowest average score was shown by question 5 (“Do you make appointments with the doctor yourself?”): 1.58 ± 0.72 . The highest average score was in item 27 (“Do you follow the recommendations regarding emptying your bladder?”): (3.96 ± 1.2) . Spearman's ordinal correlation coefficient was used to examine the dependence of patients' age on the scale scores. The ordinal relationship between age and the overall score of the scale is statistically significant ($p = 0.018$). This means that the older the patient, the better prepared they are for the transition.

To test the equality of the mean scale score across age groups, patients were divided into 3 age groups: 13–14 years, 15–16 years, and 17–18 years. The graph of the mean score with the 95% confidence interval for each age group (Figure 1) shows that the mean test score is higher for older patients. The Shapiro-Wilk normality test and the Brown-Forsyth homogeneity of variance test allowed for the use of the analysis of variance. The ANOVA analysis confirmed a statistically significant difference between the means in the age groups ($p = 0.041$). Tukey's post-hoc test indicated that the hypothesis

Table 1. Cronbach's α and factor loadings of the TRAQ-SB-PL-26

Cronbach's α : Factor loadings	Domain 1	Domain 2	Domain 3
	Autonomy	Health literacy	Adherence
	0.726	0.867	0.541
Item 1. Do you know how to go to the pharmacy and get your medicine?	0.544569		
Item 2. Do you know what to do if you have a bad reaction or side effects with your medicine?	0.553016		
Item 4. Do you order medications before they run out?	0.649308		
Item 5. Do you set up doctor's appointments yourself?	0.417266		
Item 7. Do you organise your own transport to doctor's appointments?	0.811451		
Item 8. Do you call your doctor if you experience any unusual changes in your health (example: allergic reactions)?	0.721102		
Item 9. Do you take care of your expenses and household budget yourself (ex. using debit/credit cards)?	0.546044		
Item 10. Do you fill out medical history forms, including a list of your allergies?	0.646273		
Item 11. Do you keep a schedule or a list of doctor's appointments or other appointments?	0.755154		
Item 12. Do you make a list of questions before doctor's appointments?	0.765432		
Item 13. Do you receive financial aid from school or work?			0.578208
Item 14. Do you ask the nurse or doctor questions about your health or healthcare?			0.785144
Item 16. Do you ask the nurse or doctor for additional information if you do not understand their instructions?			0.785488
Item 17. Do you tell the doctor or nurse whether you are following their advice and recommendations?			0.722477
Item 18. Are you able to give your medical history to healthcare professionals (previous surgeries, allergies, and medications)?			0.635421
Item 19. Do you help plan and prepare your meals?		0.565552	
Item 20. Do you clean your room or after meals?		0.685171	
Item 21. Do you go to local stores or service establishments (ex. grocery stores, pharmacies)?		0.705584	
Item 24. Do you follow recommendations regarding defecation (ex. using suppositories, enemas, or laxatives if needed)?		0.380334	
Item 25. Do you know how to tell if you have gastrointestinal/digestive problems (ex. diarrhoea, constipation)?		0.508859	
Item 26. Do you take appropriate steps to resolve gastrointestinal/digestive problems (ex. report problems to a nurse or doctor and follow their directions)?		0.440639	
Item 27. Do you follow guidelines on emptying your bladder (ex. clean intermittent catheterization according to the diagram)		0.551814	
Item 28. Do you know how to tell you have a urinary tract infection (ex. fever, stomach ache, unpleasant urine odour, cloudy urine, blood in urine)?		0.408195	
Item 29. Do you take appropriate steps to resolve bladder problems (ex. report problems to a nurse or doctor and follow their directions)?		0.709429	
Item 30. Do you take appropriate steps to protect your skin from potential damage, pressure ulcers, or infection?		0.476690	
Item 32. Do you take appropriate steps to resolve skin problems (ex. report problems to a nurse or doctor and follow their directions)?		0.557552	

of equality of means in age groups was rejected due to the difference in means in the first and third age groups ($p = 0.043$). However, there were no statistically significant differences between the means in the first and second age groups ($p = 0.557$) and in the second and third age groups ($p = 0.365$).

Gender analysis of test results showed no statistically significant difference between girls and boys ($p = 0.681$) (Figure 2).

Table 3 presents the average results of the TRAQ-SB-PL-26 for the entire sample and broken down by age group and gender.

DISCUSSION

The growing number of patients with neurogenic dysfunction of the lower urinary tract due to spina bifida who are entering adulthood in recent decades creates the need for transition. This is a process in which the guidelines for follow-up are currently being developed in Poland. Since readiness for transition does not always correlate with the patient's chronological age, following the experience in transition centres, where the TRAQ-SB survey was created, we decided to translate it into

Table 2. Descriptive statistics of the TRAQ-SB-PL-26 Item

	Mean	Median	Min	Max	SD
Item 1. Do you know how to go to the pharmacy and get your medicine?	3.06	2.50	1	5	1.33
Item 2. Do you know what to do if you have a bad reaction or side effects with your medicine?	2.85	3.00	1	5	1.51
Item 4. Do you order medications before they run out?	2.27	2.00	1	5	1.36
Item 5. Do you set up doctor's appointments yourself?	1.58	1.00	1	4	0.72
Item 7. Do you organise your own transport to doctor's appointments?	1.94	1.00	1	5	1.27
Item 8. Do you call your doctor if you experience any unusual changes in your health (example: allergic reactions)?	2.08	2.00	1	5	1.22
Item 9. Do you take care of your expenses and household budget yourself (ex. using debit/credit cards)?	2.31	2.00	1	5	1.32
Item 10. Do you fill out medical history forms, including a list of your allergies?	1.85	1.00	1	5	1.18
Item 11. Do you keep a schedule or a list of doctor's appointments or other appointments?	1.96	2.00	1	5	1.20
Item 12. Do you make a list of questions before doctor's appointments?	1.75	1.00	1	5	1.15
Item 13. Do you receive financial aid from school or work?	1.79	1.00	1	5	1.40
Item 14. Do you ask the nurse or doctor questions about your health or healthcare?	3.19	4.00	1	5	1.39
Item 16. Do you ask the nurse or doctor for additional information if you do not understand their instructions?	3.54	4.00	1	5	1.32
Item 17. Do you tell the doctor or nurse whether you are following their advice and recommendations?	3.94	4.00	1	5	1.18
Item 18. Are you able to give your medical history to healthcare professionals (previous surgeries, allergies, and medications)?	3.17	4.00	1	5	1.44
Item 19. Do you help plan and prepare your meals?	3.67	4.00	1	5	1.37
Item 20. Do you clean your room or after meals?	3.73	4.00	1	5	1.37
Item 21. Do you go to local stores or service establishments (ex. grocery stores, pharmacies)?	3.69	4.00	1	5	1.34
Item 24. Do you follow recommendations regarding defecation ex. using suppositories, enemas, or laxatives if needed)?	3.79	4.00	1	5	1.35
Item 25. Do you know how to tell if you have gastrointestinal/digestive problems (ex. diarrhoea, constipation)?	3.73	4.00	1	5	1.43
Item 26. Do you take appropriate steps to resolve gastrointestinal/digestive problems (ex. report problems to a nurse or doctor and follow their directions)?	3.69	4.00	1	5	1.39
Item 27. Do you follow guidelines on emptying your bladder (ex. clean intermittent catheterization according to the diagram)	3.96	4.00	1	5	1.20
Item 28. Do you know how to tell you have a urinary tract infection (ex. fever, stomach ache, unpleasant urine odour, cloudy urine, blood in urine)?	3.50	4.00	1	5	1.60
Item 29. Do you take appropriate steps to resolve bladder problems (ex. report problems to a nurse or doctor and follow their directions)?	3.75	4.00	1	5	1.43
Item 30. Do you take appropriate steps to protect your skin from potential damage, pressure ulcers, or infection?	3.52	4.00	1	5	1.32
Item 32. Do you take appropriate steps to resolve skin problems (ex. report problems to a nurse or doctor and follow their directions)?	3.88	5.00	1	5	1.44

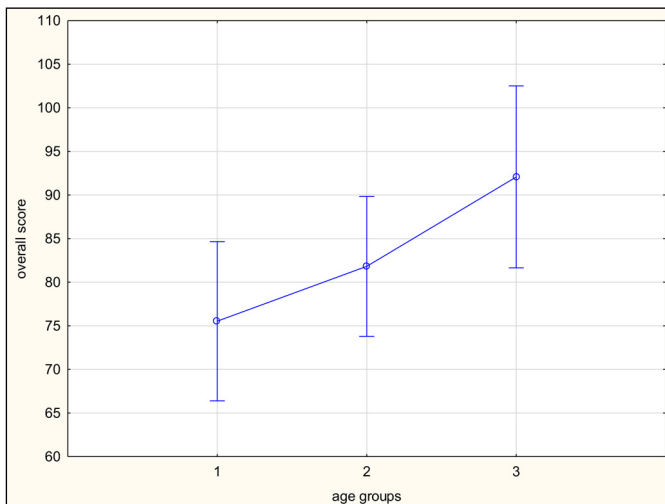


Figure 1. The mean overall item score with a 95% CI for age groups.

Polish and adapt it to the needs of Polish patients [10, 15].

To validate the survey, we piloted it with 52 patients treated at our centre and beneficiaries of foundations bringing together patients with spina bifida. The questionnaires were completed during a standard follow-up visit at the urology out-patient clinic and during training and integration meetings of the foundations. The time required to complete the survey did not exceed 15 minutes in all patients, and no patient needed assistance while completing it. The Polish version of the TRAQ-SB survey differs from the English version and contains 33 questions. From the Polish TRAQ-SB-PL, questions 9 and 10 were removed, and in the Speaking with Healthcare Professionals section, questions 16-20 from the TRAQ were included instead of questions 16 and 17. During validation as a result of the KMO analysis, 7 questions were removed due to the low correlation coefficient from TRAQ-SB-PL. TRAQ-SB-PL was shortened from 33 to 26 questions subjected to factor analysis. The KMO test for this shortened version was 0.734. Based on the analysis of the screen criterion, the Polish version of TRAQ-SB-PL-26 is composed of 3 domains: “Autonomy”, “Health competencies”, and “Compliance with recommendations”. The English version has 5 subscales, while the validated German-language version of the questionnaire also has 3 subscales. The obtained factor structure TRAQ-SB-PL-26 coincides with the structure of TRAQ-GV-15 [8].

The German version was also adopted with some changes related to the local circumstances [8]. Organisation of the health care system can also play a role. For the identified TRAQ-SB-PL-26 subscales, the values of the Cronbach’s α coefficient are,

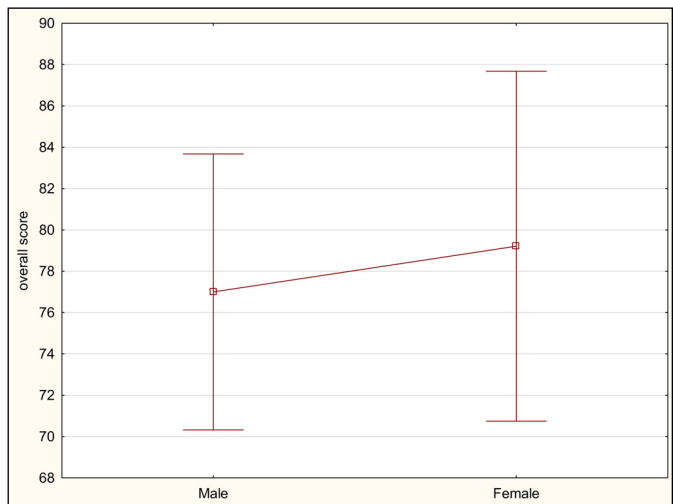


Figure 2. The mean overall item score with a 95% CI for sex.

Table 3. TRAQ-SB-PL-26 overall mean score for age groups and sex

	Mean	SD
TRAQ-SB-PL-26	78.19	19.15
Age group		
13–14	71.29	13.81
15–16	77.86	18.04
17–18	87.77	23.82
Sex		
Female	79.21	21.84
Male	77.00	15.81

respectively: domain 1: 0.726, domain 2: 0.86, and domain 3: 0.541, which demonstrates high internal consistency of the short version the TRAQ-SB-PL-26. Analysis of study results taking into account the age of patients showed that readiness to transition improves with age [16]. This is analogous to results published for the English and German versions of TRAQ [8]. The analysis by gender did not show a statistically significant difference between girls and boys ($p = 0.681$). However, it is visible that the variation in test results in girls is much greater than in boys. Boys' results cluster more around the average score, but we observe outlier results for girls. There are girls who achieve exceptionally low test scores and exceptionally high ones, in comparison to the rest of the test group.

In our opinion, TRAQ-SB-PL-26 will help identify teenagers who require increased attention and help in achieving independence. The literature reports that patients with myelomeningocele have lower TRAQ scores compared to healthy students, whose scores indicate that they too are not fully ready for transition [17]. The survey will raise awareness

of the transition process and can be used for educational purposes [18]. This proactive strategy, anticipating possible problems and complications, recommended for patients with neurogenic lower urinary tract dysfunction, should prove effective not only in reducing the risk of kidney dysfunction [19]. Because our actions should be interdisciplinary medically, socially, and environmentally to provide high-quality care that will have a positive impact on the individual's ability to function fully in society [20].

CONCLUSIONS

The TRAQ-SB-PL-26 is a reliable tool that can be used in the Polish population. It will help to identify

teenagers who need more attention during the transition process. The survey will raise awareness of the transition and may be used for educational purposes.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

FUNDING

This research received no external funding.

ETHICS APPROVAL STATEMENT

The study was approved by the Bioethics Committee of the Jagiellonian University in Krakow (approval No. 1072.6120.140.2021; date: 16.06.2021).

Supplementary material: TRAQ-SB-PL-26

Kwestionariusz oceny gotowości dziecka z rozszczepem kręgosłupa do tranzycji (opieki nad pacjentem dorosłym).

Pacjent: _____ **Data urodzenia:** ___/___/___

Dzisiejsza data ___/___/___ (Nr dokumentacji medycznej _____)

Wskazówki dla młodocianego i młodego dorosłego pacjenta: Proszę zaznaczyć pole, które najlepiej opisuje **twój** poziom umiejętności w poniższych obszarach, ważnych dla przejścia do opieki zdrowotnej dla dorosłych. Nie ma dobrych ani złych odpowiedzi, a twoje odpowiedzi pozostaną poufne i prywatne.

Wskazówki dla opiekunów/rodziców: Jeżeli Pani/Pana podopieczny nie jest w stanie ukończyć poniższych zadań samodzielnie, proszę zaznaczyć pole, które najlepiej opisuje **Pana/Pani** poziom umiejętności w odniesieniu do tego zadania. Proszę zaznaczyć tutaj, jeżeli Pani/Pan jest rodzicem/opiekunem wypełniającym ten formularz.

	Nie, nie wiem jak	Nie, ale chcę się nauczyć	Nie, ale właśnie się uczę to robić	Tak, zacząłem już to robić	Tak, zawsze to robię, kiedy potrzebuję
Przyjmowanie leków					
1. Czy wiesz, jak udać się do apteki po lekarstwo?					
2. Czy wiesz co zrobić, jeżeli masz złą reakcję (objawy) na zastosowany lek?					
3. Czy zamawiasz leki, zanim się skończą?					
Umawianie wizyt					
4. Czy samodzielnie umawiasz wizytę u lekarza?					
5. Czy sam organizujesz swój dojazd na wizytę lekarską?					
6. Czy dzwonisz do lekarza w razie wystąpienia nietypowych zmian w swoim stanie zdrowia (przykładowo: reakcje alergiczne)?					
7. Czy sam kontrolujesz swoje wydatki i budżet domowy (np. używanie kart płatniczych/kredytowych)?					
Śledzenie problemów zdrowotnych					
8. Czy wypełniasz formularz historii choroby, włącznie z listą swoich alergii?					
9. Czy prowadzisz terminarz albo listę wizyt lekarskich lub innych?					

	Nie, nie wiem jak	Nie, ale chcę się nauczyć	Nie, ale właśnie się uczę to robić	Tak, zacząłem już to robić	Tak, zawsze to robię, kiedy potrzebuję
10. Czy robisz listę pytań przed wizytą u lekarza?					
11. Czy otrzymujesz pomoc finansową ze szkoły lub pracy?					
Rozmowy z pracownikami ochrony zdrowia					
12. Czy zadajesz pytania pielęgniarce lub lekarzowi dotyczące twojego zdrowia lub opieki zdrowotnej?					
13. Czy prosisz pielęgniarkę lub lekarza o dodatkowe wyjaśnienia, jeżeli nie rozumiesz ich poleceń?					
14. Czy mówisz lekarzowi lub pielęgniarce, czy przestrzegasz ich porad i zaleceń?					
15. Czy umiesz opowiedzieć historię dotyczącą Twojego zdrowia pracownikom ochrony zdrowia (przebyte operacje, alergie i leki)?					
Załatwianie codziennych czynności					
16. Czy pomagasz w ustaleniu i przygotowaniu swoich posiłków?					
17. Czy sprzątasz swój pokój lub po posiłkach?					
18. Czy korzystasz z okolicznych sklepów i punktów usługowych (np. sklepy spożywcze, apteki)?					
Obszary aktywności specyficzne dla pacjentów z rozszczepem kręgosłupa					
19. Czy stosujesz się do zaleceń dotyczących oddawania stolca (np. stosujesz czopki, wykonujesz lewatywy, stosujesz leki przeczyszczające w razie potrzeby)?					
20. Czy wiesz, jak powiedzieć, że masz problemy z jelitami/ układem pokarmowym (np. biegunka, zaparcia)?					
21. Czy podejmujesz odpowiednie kroki, aby rozwiązać problemy z jelitami/układem pokarmowym (np. zgłaszasz problemy pielęgniarce lub lekarzowi i wypełniasz zalecenia)?					
22. Czy stosujesz się do zaleceń dotyczących opróżniania pęcherza (np. czyste przerywane cewnikowanie wg schematu)?					
23. Czy wiesz, jak powiedzieć, że masz zakażenie układu moczowego (np. gorączka, ból brzucha, brzydki zapach moczu, mętny mocz, krew w moczu)?					
24. Czy podejmujesz odpowiednie kroki, aby rozwiązać problemy z pęcherzem (np. zgłaszasz problemy pielęgniarce lub lekarzowi i wypełniasz zalecenia)?					
25. Czy podejmujesz odpowiednie kroki, aby zabezpieczyć skórę przed potencjalnym uszkodzeniem, odleżynami lub zakażeniem?					
26. Czy podejmujesz odpowiednie kroki, aby rozwiązać problemy ze skórą (np. zgłaszasz problemy pielęgniarce lub lekarzowi i wypełniasz zalecenia)?					

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