



# Skills for Growing Up – Epilepsy ‘Getting started’

7 – 11 year




The Skills for Growing Up – Epilepsy is based on the Dutch Skills for Growing Up tool developed by the University Medical Center Groningen, Rehabilitation Center Blixembosch, Mytyschool Eindhoven, Erasmus Medical Center Rotterdam and TransitieNet on the basis of the original Skills for Growing Up (Holland Bloorview Kids Rehabilitation Hospital in Toronto, Canada). The icons used are developed by Op Eigen Benen in collaboration with TransitieNet


Me			Date:	Date:	Ready
					V
1	I can stand up for myself at school and in my neighborhood		Yes / No	Yes / No	<input type="checkbox"/>
2	I can think about my future and discuss it		Yes / No	Yes / No	<input type="checkbox"/>
3	I can ask for help by myself, and I do ask if I need it		Yes / No	Yes / No	<input type="checkbox"/>
4	I can tell others how I feel		Yes / No	Yes / No	<input type="checkbox"/>
5	I can tell others what I have and what the practical implications are for me (friends, at school, family)		Yes / No	Yes / No	<input type="checkbox"/>
6	I want to learn from my mistakes		Yes / No	Yes / No	<input type="checkbox"/>


Healthcare			Date:	Date:	Ready
					V
1	I eat healthy		Yes / No	Yes / No	<input type="checkbox"/>
2	I follow a special diet		Yes / No	Yes / No	<input type="checkbox"/>
3	I know why smoking, alcohol and drugs are dangerous for my health		Yes / No	Yes / No	<input type="checkbox"/>
4	I can feel when something is wrong with me		Yes / No	Yes / No	<input type="checkbox"/>
5	I know my height and weight		Yes / No	Yes / No	<input type="checkbox"/>
6	I understand what the doctor tells me		Yes / No	Yes / No	<input type="checkbox"/>
7	I ask at least one question during health care visits		Yes / No	Yes / No	<input type="checkbox"/>
8	I answer at least one question during health care visits		Yes / No	Yes / No	<input type="checkbox"/>
9	I know the implications of fatigue for my epilepsy		Yes / No	Yes / No	<input type="checkbox"/>
10	I know the implications of stress for my epilepsy		Yes / No	Yes / No	<input type="checkbox"/>
11	I know why I must take my medicines		Yes / No	Yes / No	<input type="checkbox"/>


Living and ADL			Date:	Date:	Ready
					V
1	I can eat, drink, shower and go to the toilet by myself		Yes / No	Yes / No	<input type="checkbox"/>
2	I know that it can be dangerous to take a bath or shower alone		Yes / No	Yes / No	<input type="checkbox"/>
3	I know that it can be dangerous to lock my door		Yes / No	Yes / No	<input type="checkbox"/>


4	I pay attention to my appearance (I comb my hair, brush my teeth, wash, wear clean clothes)	Yes / No	Yes / No	<input type="checkbox"/>
5	I take care of my own things (coat, schoolbag, sports equipment, overnight bag)	Yes / No	Yes / No	<input type="checkbox"/>
6	I know that it is better not to be home alone	Yes / No	Yes / No	<input type="checkbox"/>
7	I have made agreements with my parents about being alone in a room	Yes / No	Yes / No	<input type="checkbox"/>
8	I can use the telephone	Yes / No	Yes / No	<input type="checkbox"/>
9	I know how to ask for help in emergency situations	Yes / No	Yes / No	<input type="checkbox"/>
10	I know what I need help with	Yes / No	Yes / No	<input type="checkbox"/>
11	I sometimes do a household chore, such as setting the table or straightening up a room	Yes / No	Yes / No	<input type="checkbox"/>
12	I can do an errand by a store in the neighborhood	Yes / No	Yes / No	<input type="checkbox"/>
13	I know my home address and phone number	Yes / No	Yes / No	<input type="checkbox"/>
14	I receive pocket money, and am able to manage it	Yes / No	Yes / No	<input type="checkbox"/>

<b>Relationships</b>			<b>Date:</b>	<b>Date:</b>	<b>Ready</b>
					<b>V</b>
1	I sometimes play at someone else's home	Yes / No	Yes / No	<input type="checkbox"/>	
2	I participate in activities without having my parents around	Yes / No	Yes / No	<input type="checkbox"/>	
3	I know how to safely use internet on a tablet or computer	Yes / No	Yes / No	<input type="checkbox"/>	
4	I know how people make babies	Yes / No	Yes / No	<input type="checkbox"/>	
5	I'm able to take into account what my siblings and my parents find important	Yes / No	Yes / No	<input type="checkbox"/>	

<b>Education</b>			<b>Date:</b>	<b>Date:</b>	<b>Ready</b>
					<b>V</b>
1	I ask for help when my homework is difficult or if something is not going well at school	Yes / No	Yes / No	<input type="checkbox"/>	
2	I do my own homework	Yes / No	Yes / No	<input type="checkbox"/>	
3	I talk about what I want to be later on	Yes / No	Yes / No	<input type="checkbox"/>	
4	I know I'm more easily distracted because of my medications	Yes / No	Yes / No	<input type="checkbox"/>	

Transportation			Date:	Date:	Ready
					V
1	I sometimes head out onto the street under supervision (walking, cycling)		Yes / No	Yes / No	<input type="checkbox"/>
2	I know that cycling without supervision can be dangerous		Yes / No	Yes / No	<input type="checkbox"/>
3	I sometimes travel by public transport (bus, train, metro) or taxi while under supervision		Yes / No	Yes / No	<input type="checkbox"/>

Sports			Date:	Date:	Ready
					V
1	I exercise regularly (walking, cycling, playing outdoors)		Yes / No	Yes / No	<input type="checkbox"/>
2	I know certain sports can be dangerous for me because of my epilepsy		Yes / No	Yes / No	<input type="checkbox"/>
3	I am part of a sports team		Yes / No	Yes / No	<input type="checkbox"/>
4	I know that swimming without supervision can be dangerous		Yes / No	Yes / No	<input type="checkbox"/>

Leisure activities			Date:	Date:	Ready
					V
1	I sometimes sleep over at my family's or friends' house		Yes / No	Yes / No	<input type="checkbox"/>
2	I participate in camps (such as a sports camp or a school camp)		Yes / No	Yes / No	<input type="checkbox"/>
3	I have a hobby or am part of a club		Yes / No	Yes / No	<input type="checkbox"/>
4	I sometimes go to the movies		Yes / No	Yes / No	<input type="checkbox"/>