



Skills for Growing Up – Epilepsy ‘Almost there’ ID


14 – 21 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		 me	Date:	Date:	Ready
					V
1	I'm satisfied with myself	Yes / No	Yes / No	<input type="checkbox"/>	
2	I know what I'm good at	Yes / No	Yes / No	<input type="checkbox"/>	
3	I can tell others how I feel and what I think	Yes / No	Yes / No	<input type="checkbox"/>	
4	I know what to do if I need help	Yes / No	Yes / No	<input type="checkbox"/>	
5	I can say no if I can't or don't want to do something	Yes / No	Yes / No	<input type="checkbox"/>	
6	I can tell others that learning is difficult for me	Yes / No	Yes / No	<input type="checkbox"/>	
7	I know who I can turn to when my parents aren't around	Yes / No	Yes / No	<input type="checkbox"/>	
8	I can tell others that I have epilepsy	Yes / No	Yes / No	<input type="checkbox"/>	
9	I can tell others what they should do when I have a seizure	Yes / No	Yes / No	<input type="checkbox"/>	


Healthcare		 healthcare	Date:	Date:	Ready
					V
1	I know what are healthy and unhealthy foods and drinks	Yes / No	Yes / No	<input type="checkbox"/>	
2	I know that smoking, alcohol and drugs are dangerous to my health	Yes / No	Yes / No	<input type="checkbox"/>	
3	I speak directly to my physician during health care visits	Yes / No	Yes / No	<input type="checkbox"/>	
4	I take part in decisions concerning my own treatment	Yes / No	Yes / No	<input type="checkbox"/>	
5	I know why I take medications	Yes / No	Yes / No	<input type="checkbox"/>	
6	I remember to take my medications	Yes / No	Yes / No	<input type="checkbox"/>	
7	I know that I need sufficient sleep because of my epilepsy	Yes / No	Yes / No	<input type="checkbox"/>	

Living and ADL		 living	Date:	Date:	Ready
					V
1	I can look after myself (getting dressed, showering, combing hair, brushing teeth, going to the toilet)	Yes / No	Yes / No	<input type="checkbox"/>	
2	I can choose what I eat and drink	Yes / No	Yes / No	<input type="checkbox"/>	


3	I sometimes do a household chore such as setting the table, straightening up a room or helping with the cooking	Yes / No	Yes / No	<input type="checkbox"/>
4	I decide what I do with my allowance	Yes / No	Yes / No	<input type="checkbox"/>
5	I can do an errand in a store in the neighborhood	Yes / No	Yes / No	<input type="checkbox"/>
6	I know my address	Yes / No	Yes / No	<input type="checkbox"/>
7	I know what I must do in case of an emergency	Yes / No	Yes / No	<input type="checkbox"/>
8	I sometimes talk with others about where I can live in the future	Yes / No	Yes / No	<input type="checkbox"/>
9	I have made agreements about being alone at home / in my room	Yes / No	Yes / No	<input type="checkbox"/>


Relationships			Date:	Date:	Ready
					V
1	I spend time with my friends after school	Yes / No	Yes / No	<input type="checkbox"/>	
2	I participate in activities without 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 that I'm not allowed to touch somebody if they don't want to be touched	Yes / No	Yes / No	<input type="checkbox"/>	
5	I know how people make babies	Yes / No	Yes / No	<input type="checkbox"/>	
6	I know what sex is	Yes / No	Yes / No	<input type="checkbox"/>	
7	I know that it's important to use contraceptives when making love	Yes / No	Yes / No	<input type="checkbox"/>	
8	I know that I can ask my doctor questions about sex and having children	Yes / No	Yes / No	<input type="checkbox"/>	

Education			Date:	Date:	Ready
					V
1	I know my daily schedule (school, daily activities)	Yes / No	Yes / No	<input type="checkbox"/>	
2	I take the right things with me to school or to daily activities	Yes / No	Yes / No	<input type="checkbox"/>	
3	I ask for help when my homework is difficult or when something is not going well at school	Yes / No	Yes / No	<input type="checkbox"/>	
4	I sometimes talk about what I want to do in the future (school, work, daytime activities)	Yes / No	Yes / No	<input type="checkbox"/>	

Transportation			Date:	Date:	Ready
					V
1	I can get to where I want to go and ask for help if necessary		Yes / No	Yes / No	<input type="checkbox"/>
2	I know that having epilepsy can influence getting a driver's license		Yes / No	Yes / No	<input type="checkbox"/>

Sports			Date:	Date:	Ready
					V
1	I enjoy exercising		Yes / No	Yes / No	<input type="checkbox"/>
2	I belong to a sports team or gym		Yes / No	Yes / No	<input type="checkbox"/>
3	I know certain sports can be dangerous because of my epilepsy (such as swimming without supervision)		Yes / No	Yes / No	<input type="checkbox"/>

Leisure activities			Date:	Date:	Ready
					V
1	I have a hobby or am part of a club		Yes / No	Yes / No	<input type="checkbox"/>
2	Sometimes I go out with friends (to the city, film, coffee shop)		Yes / No	Yes / No	<input type="checkbox"/>
3	Sometimes I sleep over without my parents		Yes / No	Yes / No	<input type="checkbox"/>
4	I pack my overnight bag by myself		Yes / No	Yes / No	<input type="checkbox"/>

Work			Date:	Date:	Ready
					V
1	I like my daily activities or work		Yes / No	Yes / No	<input type="checkbox"/>
2	I think about a part-time job, volunteer work or (regular) work		Yes / No	Yes / No	<input type="checkbox"/>