


# Skills for Growing Up – Epilepsy ‘On my way’

12 – 16 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 know I have a right to privacy (privacy means that you can do things without too much interference from others)	Yes / No	Yes / No	<input type="checkbox"/>	
2	I know I can participate in making important decisions concerning myself	Yes / No	Yes / No	<input type="checkbox"/>	
3	I know that, from the age of twelve, I have a shared responsibility with my parents or guardians concerning treatment or medical care	Yes / No	Yes / No	<input type="checkbox"/>	
4	I know what I must do or how I must act in order to get things arranged	Yes / No	Yes / No	<input type="checkbox"/>	
5	I can stand up for myself in the places where I go regularly (school, home, shops, library, sports club, online)	Yes / No	Yes / No	<input type="checkbox"/>	
6	I know who I can go to if life gets tough	Yes / No	Yes / No	<input type="checkbox"/>	
7	I'm satisfied about my appearance	Yes / No	Yes / No	<input type="checkbox"/>	
8	I know 3 physical changes that occur in boys and girls during puberty	Yes / No	Yes / No	<input type="checkbox"/>	
9	I can tell others what I have and what are the practical implications for me (friends, at school, family)	Yes / No	Yes / No	<input type="checkbox"/>	
10	There's always somebody nearby who knows about my epilepsy and its consequences	Yes / No	Yes / No	<input type="checkbox"/>	
11	I know where I can find reliable information about epilepsy, nutrition and sexuality	Yes / No	Yes / No	<input type="checkbox"/>	


Healthcare			Date:	Date:	Ready
					V
1	I know what healthy and unhealthy eating and drinking is	Yes / No	Yes / No	<input type="checkbox"/>	
2	I follow a diet and understand why I do	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 know who my medical care givers are and why I am there	Yes / No	Yes / No	<input type="checkbox"/>	
5	I make my own appointments with the doctor and other healthcare providers	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 my own questions during a consultation with a doctor and/or other healthcare providers	Yes / No	Yes / No	<input type="checkbox"/>	


8	I answer questions that the doctor or other healthcare providers ask	Yes / No	Yes / No	<input type="checkbox"/>
9	Once in a while I go alone to the appointments with the doctor and other healthcare providers	Yes / No	Yes / No	<input type="checkbox"/>
10	I take part in decisions concerning my own treatment	Yes / No	Yes / No	<input type="checkbox"/>
11	I have an overview of my own medical information	Yes / No	Yes / No	<input type="checkbox"/>
12	I discuss the type of care I will need in the future with my doctor (transition clinic, adult care)	Yes / No	Yes / No	<input type="checkbox"/>
13	I discuss the prospect for my epilepsy in the future	Yes / No	Yes / No	<input type="checkbox"/>
14	I know why taking my medication is important	Yes / No	Yes / No	<input type="checkbox"/>
15	I know the possible side effects of my medication	Yes / No	Yes / No	<input type="checkbox"/>
16	I know the implications of fatigue for my epilepsy	Yes / No	Yes / No	<input type="checkbox"/>
17	I know the implications of stress for my epilepsy	Yes / No	Yes / No	<input type="checkbox"/>

Living and ADL			Date:	Date:	Ready
					V
1	I know what I must do in case of an emergency	Yes / No	Yes / No	<input type="checkbox"/>	
2	I manage my daily care alone (choosing my clothes, washing)	Yes / No	Yes / No	<input type="checkbox"/>	
3	I know that supervision is required when I when I take a bath/shower	Yes / No	Yes / No	<input type="checkbox"/>	
4	I am responsible for a number of household chores	Yes / No	Yes / No	<input type="checkbox"/>	
5	I know whether I can be home by myself	Yes / No	Yes / No	<input type="checkbox"/>	
6	I sometimes do the shopping	Yes / No	Yes / No	<input type="checkbox"/>	
7	I sometimes cook (with my parents/others)	Yes / No	Yes / No	<input type="checkbox"/>	
8	I have access to my own bank account	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 can make contact with other kids	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 can take into account what is important to my sisters, brothers and parents	Yes / No	Yes / No	<input type="checkbox"/>
5	I can set boundaries in a care relationship in which supervision plays a role	Yes / No	Yes / No	<input type="checkbox"/>
6	I can set boundaries in a romantic relationship	Yes / No	Yes / No	<input type="checkbox"/>
7	I know what safe sex is and why it is important	Yes / No	Yes / No	<input type="checkbox"/>
8	I know about different contraceptives and how to obtain them	Yes / No	Yes / No	<input type="checkbox"/>
9	I dare to ask my doctor questions about puberty and sexuality	Yes / No	Yes / No	<input type="checkbox"/>
10	I know that epilepsy medication can influence anti-contraceptives (such as the pill)	Yes / No	Yes / No	<input type="checkbox"/>
11	I'm aware of the influence sexual arousal can have on my epilepsy	Yes / No	Yes / No	<input type="checkbox"/>
12	I know about the influence my epilepsy has on my sexuality	Yes / No	Yes / No	<input type="checkbox"/>

<b>Education</b>			<b>Date:</b>	<b>Date:</b>	<b>Ready</b> <b>V</b>
1	I know what type of support and approach I need in order to do well in school		Yes / No	Yes / No	<input type="checkbox"/>
2	I know the organizations and people that I can ask for help		Yes / No	Yes / No	<input type="checkbox"/>
3	I know what my abilities and interests are when considering my career choice		Yes / No	Yes / No	<input type="checkbox"/>
4	I discuss my plans after secondary school with others		Yes / No	Yes / No	<input type="checkbox"/>
5	I do my homework independently		Yes / No	Yes / No	<input type="checkbox"/>
6	I plan my own agenda		Yes / No	Yes / No	<input type="checkbox"/>
7	I know my medication can cause concentration problems		Yes / No	Yes / No	<input type="checkbox"/>

<b>Transportation</b>			<b>Date:</b>	<b>Date:</b>	<b>Ready</b> <b>V</b>
1	I know if I can travel on my own (bike, bus, train, subway, taxi)		Yes / No	Yes / No	<input type="checkbox"/>
2	I head out onto the street on my own (bike, walking)		Yes / No	Yes / No	<input type="checkbox"/>

Sports			Date:	Date:	Ready
					V
1	I exercise regularly (walking, biking, sports)		Yes / No	Yes / No	<input type="checkbox"/>
2	I belong to a sports team or a 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		Yes / No	Yes / No	<input type="checkbox"/>
2	I belong to a club or association (not sports related)		Yes / No	Yes / No	<input type="checkbox"/>
3	I participate in extracurricular activities		Yes / No	Yes / No	<input type="checkbox"/>
4	I go out with others (to the movies, to the city)		Yes / No	Yes / No	<input type="checkbox"/>
5	I know what to arrange and take with me if I stay over at someone's house		Yes / No	Yes / No	<input type="checkbox"/>
6	I sometimes go away for a few days without my parents		Yes / No	Yes / No	<input type="checkbox"/>

Work			Date:	Date:	Ready
					V
1	I am looking into a part-time job, volunteer work or regular work		Yes / No	Yes / No	<input type="checkbox"/>