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, Mytylschool 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

ROTTERDAM UNIVERSITY OF APPLIED SCIENCES
Research Centre Innovations in Care
Academisch Centrum voor Epileptologie
Kempenhaeghe & Maastricht UMC+
Op Eigen Benen nu
FNO zorg voor kansen

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

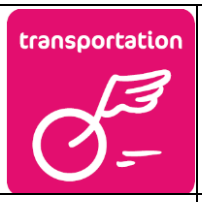
Healthcare		Date:	Date:	Ready V
1	I eat healthy	Yes / No	Yes / No	☐
2	I follow a special diet	Yes / No	Yes / No	☐
3	I know why smoking, alcohol and drugs are dangerous for my health	Yes / No	Yes / No	☐
4	I can feel when something is wrong with me	Yes / No	Yes / No	☐
5	I know my height and weight	Yes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

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

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

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

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

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

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

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