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, 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

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Op Eigen Benen nu
FNO zorg voor kansen

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

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

Living and ADL		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	☐
2	I can choose what I eat and drink	Yes / No	Yes / No	☐

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	☐
4	I decide what I do with my allowance	Yes / No	Yes / No	☐
5	I can do an errand in a store in the neighborhood	Yes / No	Yes / No	☐
6	I know my address	Yes / No	Yes / No	☐
7	I know what I must do in case of an emergency	Yes / No	Yes / No	☐
8	I sometimes talk with others about where I can live in the future	Yes / No	Yes / No	☐
9	I have made agreements about being alone at home / in my room	Yes / No	Yes / No	☐

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

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

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	☐
2	I know that having epilepsy can influence getting a driver's license	Yes / No	Yes / No	☐

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

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

Work		Date:	Date:	Ready V
1	I like my daily activities or work	Yes / No	Yes / No	☐
2	I think about a part-time job, volunteer work or (regular) work	Yes / No	Yes / No	☐