Skills for Growing Up – Epilepsy 'Getting started ID'

7 – 13 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
UNIVERSITY OF APPLIED SCIENCES
Research Centre Innovations in Care
Academisch Centrum voor Epileptologie
Kempenhaeghe & Maastricht UMC+
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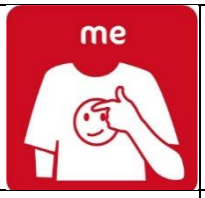
Me		Date:	Date:	Ready V
1	I dare to say what I think about something	Yes / No	Yes / No	☐
2	I'm can say no if I don't want to do something	Yes / No	Yes / No	☐
3	I can ask for help	Yes / No	Yes / No	☐
4	I can tell others how I feel	Yes / No	Yes / No	☐
5	I can tell others that learning is difficult for me	Yes / No	Yes / No	☐
6	I can tell others I have epilepsy	Yes / No	Yes / No	☐
7	I can tell others what they should do when I have a seizure	Yes / No	Yes / No	☐

Healthcare		Date:	Date:	Ready V
1	I can feel when things aren't going well with me and am able to tell others about this	Yes / No	Yes / No	☐
2	I understand what the doctor tells me	Yes / No	Yes / No	☐
3	I know why I take medications	Yes / No	Yes / No	☐
4	I remember to take my medications	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 take care of my own things (gym bag, schoolbag, coat, sports equipment, overnight bag)	Yes / No	Yes / No	☐
3	I sometimes do a household chore, such as setting the table or straightening up a room	Yes / No	Yes / No	☐
4	I can do an errand by a store in the neighborhood	Yes / No	Yes / No	☐
5	I know my address	Yes / No	Yes / No	☐
6	I can use the phone	Yes / No	Yes / No	☐
7	I know how to ask for help in emergency situations	Yes / No	Yes / No	☐
8	I have made agreements with my parents about being alone in a room	Yes / No	Yes / No	☐

Relationships		Date:	Date:	Ready V
1	I have a friend	Yes / No	Yes / No	☐
2	I play with friends at home when my parents aren't there	Yes / No	Yes / No	☐
3	I know how I should behave with friends	Yes / No	Yes / No	☐
4	I know how to safely use internet on a tablet or computer	Yes / No	Yes / No	☐
5	I know that I must not go off with strangers	Yes / No	Yes / No	☐
6	I know how people make babies	Yes / No	Yes / No	☐

Education		Date:	Date:	Ready V
1	I ask for help when my homework is difficult	Yes / No	Yes / No	☐
2	I sometimes think about what I want to be when I'm older	Yes / No	Yes / No	☐
3	I participate in school activities	Yes / No	Yes / No	☐
4	I know my epilepsy can keep me from participating in certain things	Yes / No	Yes / No	☐

Transportation		Date:	Date:	Ready V
1	I sometimes head out onto the street with others (walking, cycling, wheelchair)	Yes / No	Yes / No	☐
2	I sometimes head out onto the street by myself (walking, cycling, wheelchair(	Yes / No	Yes / No	☐
3	I sometimes use public transportation with others (bus, train, subway) or a taxi	Yes / No	Yes / No	☐

Sports		Date:	Date:	Ready V
1	I enjoy exercising	Yes / No	Yes / No	☐
2	I belong to a sports team	Yes / No	Yes / No	☐
3	I can swim	Yes / No	Yes / No	☐
4	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	I sometimes play outside with my friends	Yes / No	Yes / No	☐
3	I sometimes sleep over without my parents	Yes / No	Yes / No	☐