



# TRANSITION READINESS CHECKLIST FOR THE PERSON WITH EPILEPSY

This checklist can be completed by the person with epilepsy with a member of his/her transition care team (such as a doctor, nurse, social worker or community epilepsy agency staff. Based on the answers to these questions, health care providers can offer guidance and information to ensure a more successful transition to adult care.

Name: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Age: \_\_\_\_\_

Health condition: \_\_\_\_\_

Gender: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_  
(if applicable)

	For each statement, please select the response that best suits you.	No, I do not know	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this	Does not apply to me
1	I can describe my health condition and explain my health care needs to others					
2	I know what triggers my seizures and how to minimize the triggers					
3	I know what to do in the event of a medical emergency relating to my condition (first aid; when to call 911)					
4	I know how to call the doctor about unusual changes in my health (for example: medication side effects)					
5	I know the names of the medications I take					
6	I know how to take medications correctly on my own and have a system in place to remind me when to take them					
7	I know when and how to reorder medications before they run out					
8	I have had a discussion about how certain medications can impact birth control and pregnancy					
9	I can call my doctor's office to make or change an appointment					
10	I make a list of questions to ask my doctor before going to appointments					
11	I organize and keep track of my health information (appointments, medications, seizures, etc.)					



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12	I can get to medical appointments on my own					
13	I spend time alone with my health care provider at each appointment					
14	I speak up for myself and tell others what I need during health care visits					
15	I have discussed sexuality and reproductive health with my health care team (consent/ sexually transmitted infections/contraception)					
16	I know how my lifestyle can impact my health condition and how to discuss this with my health care team (e.g. use of alcohol, drugs, lack of sleep etc.)					
17	I understand the rules and regulations about epilepsy and driving					
18	I understand the implications of my health condition on career choice and future employment					
19	I know my legal rights as a person living with this health condition and how to access necessary accommodations at school and at work					
20	I know about my health insurance coverage. If on a parent's plan currently, I know the plan for coverage when my parent(s) health insurance runs out					
21	I know about my right to privacy, confidentiality and decision-making regarding my health					
22	If I choose to, I know how to disclose my epilepsy to friends, classmates, coworkers and others					
23	I know how to access the supports I need if I feel stressed, depressed or anxious					
24	I know what to expect in adult services and how it differs from paediatric services					