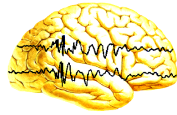


Spell - Seizure Questionnaire

- What were you doing just before the spell happened? \_\_\_\_\_
- What brings the spell on? Missing medication / alcohol use / sleep deprivation / stress / menstrual cycle / \_\_\_\_\_
- Do you have an “aura” (feeling that something is going to happen, before the spell)? Yes / No  
If yes, describe \_\_\_\_\_
- Describe the spell in your own words: \_\_\_\_\_
- How have other people described the spell to you? \_\_\_\_\_  
Unresponsive/ abnormal movements of arms or legs / eyes roll to one side and jerk / head turn to one side / loss of bowel / loss of bladder / bite tongue or inside of cheek / inability to talk
- How long typically does the spell last? \_\_\_\_\_ seconds / \_\_\_\_\_ minutes / \_\_\_\_\_ hours / \_\_\_\_\_ variable
- What happens after the spell? \_\_\_\_\_  
Confused / loss of memory of the spell / feel tired / hurt all over / sleepy / become weak or numb on one side of the body / can't talk / headache / muscle ache
- Are all of your spells the same? Yes / No,                      If different, how many types? \_\_\_\_\_
- When was the first time it ever happened? \_\_\_\_\_
- How frequent is the spell? Variable / \_\_\_\_\_ per day / \_\_\_\_\_ per week / \_\_\_\_\_ month / \_\_\_\_\_ year
- What can make it better? \_\_\_\_\_
- Do you have family history of similar spells?              Yes / No,              If yes, describe: \_\_\_\_\_
- Was your birth difficult? (Full term?) \_\_\_\_\_
- Did you have a seizure with high fever when you were a baby or young child? Yes / No \_\_\_\_\_
- Have you ever had a head injury? Yes / No                      Concussion? Yes / No  
If yes, describe: \_\_\_\_\_



- Have you ever had meningitis / encephalitis (infection/inflammation of the brain or its coverings?) Yes / No
- What type of work up / tests have been done so far? Blood work / MRI of brain / CT of head / EEG (brain wave test) / Video EEG monitoring / Sleep study / autonomic testing / Other  
Results of above testing? \_\_\_\_\_  
\_\_\_\_\_
- Which other doctors have you seen for this condition? ER physician / other neurologist / primary care doctor  
\_\_\_\_\_
- What type of treatment has been done for this so far? None / seizure medications \_\_\_\_\_  
\_\_\_\_\_
- If you have known seizure disorder, circle the medication you have been tried on so far:

Phenytoin (dilantin)	Carbamazepine (tegretol)	Levetiracetam (keppra)
Valproic acid (depakote)	Topiramate (Topamax)	Lamotrigine (Lamictal)
Zonisamide (Zonegran)	Ethosuximide (Zarontin)	Gabapentin (Neurontin)
Phenobarbital	Pregabalin (Lyrica)	Lacosamide (Vimpat)
Acetazolamide (Diamox)	Oxcarbazepine (Trileptal)	Retigabine (Potiga)
Lorazepam (Ativan)	Diazepam (Valium)	Clonazepam (Klonopin)
Clobazam (Frisium)	Rufinamide (Inovelon)	Eslicarbazepine (Zebinix)
Perampanel (Fycompa)	Piracetam	Stiripentol (Diacomit)
Tiagabine (Gabitril)	Vigabatrin (Sabril)	Primidone
- Is there anything about your condition that we have not asked that you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking time to fill out this form – it helps us, help you better.