

Spell - Seizure Questionnaire

➤ What you were 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 other people have 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 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

➤ Does all your spells are the same? Yes / No, If different, how many types? _____

➤ When was the first time ever it happened? _____

➤ How frequent is the spell? Variable / _____ per day / _____ per week / _____ month / _____ year

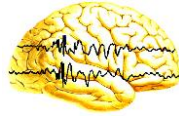
➤ What can make it better? _____

➤ 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 _____

➤ Did you ever have head injury? Yes / No Concussion? Yes / No
If yes describe: _____



- Did you ever have meningitis / encephalitis (infection/inflammation of brain or its coverings?) Yes / No
- What type of work up / tests has 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 you have 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 (depakot) | 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.