

EPILEPSY ASSESSMENT:

NAME:

Today's Date: __/__/_____

This is a questionnaire that assists you to “quantify” your Epilepsy symptoms.

The Epilepsy checklist: Read each description and tick inside the box which most closely corresponds to how you feel about each one in both regularity and severity sections. (You will have two ticks in each row next to each description, one for the regularity and one for the severity.)

	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Low energy &/or tiredness										
Nervous, anxious &/or depressed										
Poor sleep quality										
Problems thinking, making plans, making decisions, &/or learning										
Social &/or family activities have been limited										
Work, school &/or sporting activities have been limited										
Neck, Mid &/or Low Back Pain										
Headaches										
Memory &/or concentration problems										
Problems reading &/or writing										
Worry about having another seizure										
Fearful of having a seizure										
Concerned about physical effects of medications										
Office Use Only										

	<u>REGULARITY</u>					<u>SEVERITY</u>				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Concerned about mental effects of medications										
Warning signs prior to seizure										
Movements or actions during seizure/s										
Blank-out or change in consciousness during seizure										
Absences &/or spacing out										
Slow recovery &/or "hangover" after seizure										
Speaking affected during &/or after seizure										
Food allergies &/or intolerances										
Walking/movement affected during &/or after seizure										
Seizures										
Sleepy, tired, weak &/or in pain during &/or after seizure										
Taking medications for problem										
Office Use Only	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =

Office Use Only

A) Regularity Total = _____ B) Severity Total = _____ C) Total = _____

A) & B): I = 0-20, II = 21-40, III = 41-60, IV = 61-80, V = 81-100; C) I = 0-40, II = 41-80, III = 81-120, IV = 121-160, V = 161-200.