Part 2a: Seizure Disorder Information

Please complete this section only if you now have epilepsy or seizure activity.

Type of seizures (check each that applies):

☐ Tonic Clonic (grand mal) (date of most recent seizure: _____)
Frequency: _____ per ☐ day ☐ week ☐ month ☐ year

☐ Partial Complex Seizure (psychomotor) (date of most recent seizure: _____)
Frequency: _____ per ☐ day ☐ week ☐ month ☐ year

☐ Absence (petit mal): (date of most recent seizure: _____)
Frequency: _____ per ☐ day ☐ week ☐ month ☐ year

☐ Seizure not clearly diagnosed: (date of most recent seizure: _____)
Frequency: _____ per ☐ day ☐ week ☐ month ☐ year

☐ Other (identify, if known: _____)
(date of most recent seizure: _____)
Frequency: _____ per ☐ day ☐ week ☐ month ☐ year

About your seizures:

1. Which of the following do you experience when you have a seizure? (Check all that apply)
   - ☐ I walk around, but I am not aware of myself or my surroundings
   - ☐ I am not myself for more than _____ minutes
   - ☐ I have a partial loss of consciousness
   - ☐ I have a complete loss of consciousness
   - ☐ I cry or shout
   - ☐ I stare
   - ☐ I get a warning aura
   - ☐ I fall down if I am standing
   - ☐ I become aggressive
   - ☐ I have repetitious movements
   - ☐ I require supervision
   - ☐ I bite my tongue
   - ☐ I drop objects I am holding
   - ☐ I have sudden, jerking movements
   - ☐ I lose bowel control
   - ☐ I lose bladder control

2. If you have warnings or auras before a seizure, how often do they appear?
   ☐ Sometimes ☐ Always How long before a seizure? _____

3. Which of the following might precipitate or start your seizure activity
   - ☐ Blinking or bright lights
   - ☐ Boredom
   - ☐ Menstruation
   - ☐ Use of alcohol or drugs
   - ☐ Emotional upset
   - ☐ Physical exertion or fatigue
   - ☐ Certain noises; describe: _____
   - ☐ Certain smells; describe: _____
   - ☐ Other: _____

4. Check all that describes how you feel, or what happens to you, after a seizure:
   - ☐ I feel embarrassed
   - ☐ I feel drowsy or sleepy
   - ☐ I feel nauseated
   - ☐ I fall into a deep sleep
   - ☐ I feel angry
   - ☐ I am confused
   - ☐ My walk becomes unsteady
   - ☐ I have a loss of memory
   - ☐ I feel fine and just pick up where I left off when it is over
   - ☐ I get a headache (check one: ☐ severe; ☐ bad; ☐ medium; ☐ light)
   - ☐ I want to be alone after a seizure (for ☐ several minutes; ☐ several hours)
   - ☐ Other: _____

5. How long does it take you to recover from a seizure? _____

6. When do your seizures usually occur?
   - ☐ Only in the early morning
   - ☐ Only in the early evening
   - ☐ Only when I am sleeping
   - ☐ At any time of day or night
   - ☐ Other: _____

7. How do your seizures occur? ☐ Singly ☐ In groups ☐ In clusters

8. How old were you when you first started having seizures? _____

9. How old were you when you were diagnosed with having seizures? _____

10. How severe or strong are your seizures?
    - ☐ Not severe or strong (weak)
    - ☐ Moderate or mild
    - ☐ Very severe, or strong

11. How do seizures affect your normal daily activities?
    - ☐ Not at all
    - ☐ A little, or moderately
    - ☐ A lot, or significantly