

Questionnaire for Adults

1. Were there any complications while your mother was pregnant with you or during your birth? If so, what complications were there?

2. Did you suffer from febrile seizures during infancy? If so, at what age? How long did they last?

3. Were there any noticeable problems in your growth/development?

4. Did you ever have a head injury that led to brain damage, a broken bone in the skull area, to ... or to a concussion? If so, please state when and under which circumstances the injury occurred, and please send us medical reports if you have any.

5. Have you suffered or are you suffering from any disease of the central nervous system (brain and spinal bone marrow), such as inflammation, bleeding, tumours, brain seizure? If so, which (medical reports required)?

6. Have febrile seizures, epileptic seizures or epilepsy occurred in your family? If so, please state the degree of relation and the form of the seizures.

7. Since when have you suffered from seizures?

8. What kind of symptoms do you experience before, during and after the seizures?

9. What symptoms do people watching you notice of the seizures and in which chronological order?

10. How long do the seizures last approximately?

11. How frequently do you suffer from what kind of seizures? (Please bring your seizure documentation to your appointment.)

12. Are there certain factors that trigger your seizures? If so, which ones?

13. Is there a certain time when seizures occur?

14. When did you have your last seizure?

15. Please fill in the attached list for the medication you take. Check with your doctor.

16. What medication are you taking at the moment? (Please state all medication and doses in mg.)