

Questionnaire for Children

1. Were there any complications during pregnancy or delivery? If so, what complications were there?

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

3. Were there any noticeable problems in your child's growth / development? At what age did your child start to sit up, walk, speak his/her first words? At what age was your child toilet-trained?

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

5. Has your child suffered or is your child suffering from any disease of the central nervous system (brain and spinal cord / spinal marrow), such as inflammation, bleeding, tumours, apoplexia? If so, which ones (medical reports required)?

6. Have other members of your family suffered from febrile seizures, epileptic seizures or epilepsy? If yes, please state the degree of family relation and the form of the seizures.

7. Since when has your child suffered from seizures?

8. What kind of disturbances and symptoms does your child experience before, during and after the seizures? (Does your child see, hear, smell or taste anything? Are there strange feelings, ticklish or painful feelings? Is there nausea or vomiting?)

9. What symptoms does your child notice about the seizure and in which chronological order? Does your child remember the seizures? Does your child hear and understand you during the seizures, can he/she reply to you, and can he/she remember afterwards what was said during the seizure?

10. How long do the seizures approximately last?

11. How frequently does your child suffer from what kind of seizures? (Please bring your seizure documentation to your appointment.) Are there different kinds of seizures?

12. Are there certain factors that trigger your seizures? If so, which ones? (For example fever, stress, lack of sleep...)

13. Is there a certain time when seizures occur?

14. When was the last time your child had a 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 their dose rate in mg.)

Please bring the following documents to the appointment:

- all medical reports
- list of medication given so far, stating clearly the effect, side effects and maximum daily dosage
- all available CT and MRI pictures
- vaccination list

Thank you very much.