



Oxford Specialist Epilepsy Services

John Radcliffe Hospital, Oxford

Out-patient questionnaire

Welcome to the Oxford Comprehensive Epilepsy Service. To ensure we can offer you the best service at your forthcoming clinic visit, please complete this questionnaire to the best of your ability and bring it to your appointment. Use additional pages if necessary. We look forward to meeting you

NAME.....

HOSPITAL REFERENCE NUMBER.....

ADDRESS (please include your postcode)

.....
.....
.....

TELEPHONE NUMBER.....

MOBILE NUMBER.....

ALTERNATIVE CONTACT TELEPHONE NUMBER.....

YOUR GENERAL PRACTITIONER

NAME & ADDRESS (please include the postal code)

.....
.....
.....
.....

GENERAL PRACTITIONER TELEPHONE NUMBER.....

1a. ARE YOU LEFT OR RIGHT HANDED?

1b. OCCUPATION

1c. ETHNICITY

2. FAMILY HISTORY

Has anybody else in your family had epilepsy or any other neurological problem either in the past or at present? If so please list below

3. BIRTH HISTORY

Do you know if there were any problems during your mother's pregnancy with you, your birth and the period immediately after?

4. DEVELOPMENT

Did you develop through your childhood in the normal way, sitting, standing, walking, and talking at the right ages? Were there any differences between you and your siblings?

5. PAST MEDICAL PROBLEMS

As a child did you suffer from febrile convulsions, meningitis or a head injury, and have you had any other serious illness requiring medical, surgical, psychological or psychiatric treatment?

6. HISTORY OF THE EPISODES

What age did your attacks start? What were they like at the beginning? How often did they occur at the beginning and how often do you get them now? Do you know what caused them?

7. DESCRIPTION OF YOUR BLACKOUTS OR OTHER EPISODES

It is common to have one type of attack. However, two or three different types of attacks may occur. Please try and describe one of the most typical episodes and mention other types if they differ from the typical one. In particular remember your feelings when you very first realise an attack is coming. It is also very useful to have the account of a witness who has seen your attacks.

7A. WITNESS DESCRIPTION OF YOUR BLACKOUTS OR OTHER EPISODES

8. TRIGGER FACTORS

Do your episodes occur by day or night or both, during any particular activity, such as watching television or in relation to any other event?

9. MEDICATION

Please write down what drugs you have taken, roughly when you were on them and, if possible, the doses and effect of them. Any side effects?

a) In the past

b) At present

10. ACTIVITIES AND INTERESTS

11. HOME CIRCUMSTANCES. WHO DO YOU LIVE WITH?

12. IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW?

WHAT SPECIFIC QUESTIONS WOULD YOU LIKE US TO ANSWER DURING YOUR CLINIC VISIT

THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE