

Initial Seizure Characteristics

Please complete the survey below.

Thank you!

Seizure Types/Frequency

How old was the child when he/she developed seizures?

- Neonatal (0-28 days) Infant (1 m up to 1 y) 1 y 2 y 3 y 4 y 5 y
 6 y 7 y 8 y 9 y 10 y 11 y 12 y 13 y 14 y 15 y
 16 y 17 y 18 y Roughly toddler (1-3 y) Roughly preschool (4-6 y) Roughly school age (7-12 y) Roughly adolescent (13-18 y) Adult (19+) Child has not had a seizure
 Unknown/unavailable

When was the last MOTOR seizure? (ex: GTC, tonic, clonic, focal motor, etc.)

- Never/does not have this seizure type Today 1-6 days ago (up to 1 week) 1-4 weeks ago (up to 1 month) 5-12 weeks ago (1-3 months) 13-26 weeks ago (3-6 months) 6-12 months ago
 13-24 months ago More than 2 years ago Uncertain

What is the frequency of MOTOR seizures in the past year? (ex: GTC, tonic, clonic, focal motor, etc.)

- Multiple per day Daily Weekly but not daily Monthly but not weekly At least once per year but not every month Less than once per year Uncertain Frequency not well defined

When was the last NON-MOTOR seizure? (ex: absence, focal with altered awareness)

- Never/does not have this seizure type Today 1-6 days ago (up to 1 week) 1-4 weeks ago (up to 1 month) 5-12 weeks ago (1-3 months) 13-26 weeks ago (3-6 months) 6-12 months ago
 13-24 months ago More than 2 years ago Uncertain

In the last year, what is the frequency of NON-MOTOR seizures? (ex: absence, focal with altered awareness)

- Multiple per day Daily Weekly but not daily Monthly but not weekly At least once per year but not every month Less than once per year Uncertain Frequency not well defined

Seizure Emergencies

In the last year, has the child had any episodes of status epilepticus (seizure of any type 5 minutes or longer?)

Yes No Uncertain

Treatment

How many anti-seizure medications have been prescribed in total?

0 1 2 3 4 5+

Does the child have drug-resistant epilepsy? (has failed three or more medications at adequate dosing)

Yes No Uncertain

Which anti-seizure medications have been prescribed? (include medicines that he/she is on now AND medicines that were stopped)

Levetiracetam (Keppra) Oxcarbazepine (Trileptal) Valproic acid (Depakote) Lamotrigine (Lamictal) Zonisamide (Zonegran) Topiramate (Topamax) Lacosamide (Vimpat)
 Phenobarbital Clobazam (Onfi) Rufinamide (Banzel) Felbamate (Felbatol)
 Perampanel (Fycompa) Vigabatrin (Sabril) ACTH (Acthar) Oral steroid (e.g. prednisone, prednisolone) Cannabadiol-prescribed (Epidiolex) Cannabadiol-unprescribed Ketogenic diet
 Modified Atkins Diet Vagus Nerve Stimulator Deep Brain stimulation Epilepsy surgery (removed brain tissue) Corpus Callosotomy Other drug (free text if selected) None Uncertain

If other, what drug(s) were prescribed?

Comorbidity Questions

Which best describes the child's development? (Answer if age \leq 5 years)

- My child is 6 years or older Normal development (no delay) Borderline or possible mild delay
 Definite delay in one area (for example, isolated language delay, or delay in walking only)
 Definite delay in two or more areas (can include gross motor, fine motor, language, or social)

Have any of the following Psychiatric/behavioral/cognitive conditions been diagnosed? (may select more than one)

- ADD/ADHD Anxiety Autism/PDD Depression Learning disability Intellectual disability
 Language disorder Behavior disorder None of these apply

Have any of the following Neurologic conditions been diagnosed? (may select more than one)

- Cerebral palsy Hearing impairment Migraines Movement disorder Sleep disorder
 Visual impairment (other than needing glasses for being nearsighted or farsighted) None of these apply

Does the child have an atypical head size?

- Macrocephaly (>95th percentile) Microcephaly (< 5th percentile) No Uncertain

Does the child have any of the following medical needs?

- Feeding tube (G-tube, J-tube, or G/J-tube) Tracheostomy Assisted ventilation (CPAP, BiPap, or ventilator) VP (ventroperitoneal) shunt Communication device Wheelchair
 Hearing aid or cochlear implant Baclofen pump