

**Spell / Seizure / Black Out Questionnaire**

At what age did you start having spells / seizures? \_\_\_\_\_

When was the last time you had a spell / seizure? \_\_\_\_\_

How often do you have a spell / seizure? \_\_\_\_\_

What is the longest time you have gone without having a spell / seizure? \_\_\_\_\_

How many types of spells / seizures do you have? \_\_\_\_\_

How long do your spells / seizures last? \_\_\_\_\_

What triggers your spells / seizures? \_\_\_\_\_

Have you ever been injured from a spell or seizure? Y | N If so, what? \_\_\_\_\_

Have you ever had a continuous seizure that you had to be hospitalized for? \_\_\_\_\_

Have you or a family member ever had any psychiatric conditions? Y | N \_\_\_\_\_

Do you have any difficulties with your memory, attention, language, or mental slowing? Y | N (circle)

Any sleep disturbance? Y | N \_\_\_\_\_ Any history of fractures/osteoporosis? Y | N (circle)

Have you ever had prolonged video EEG monitoring? Y | N \_\_\_\_\_

Have you ever had a FDG-PET scan, MEG, functional MRI, or WADA study for seizures? Y | N \_\_\_\_\_

Have you ever had a neuropsychological evaluation? Y | N \_\_\_\_\_

Do you have a Vagal Nerve Stimulator? Y | N If so, when was it put in? \_\_\_\_\_

Have you ever had surgery for seizures? Y | N If so, where and when? \_\_\_\_\_

Do you have any of the following seizure risk factors? (Please circle)

Cerebral bleed

Cerebral palsy

Meningitis

Concussion

Developmental Delay

Premature birth

Dementia

Emotional/Physical/Sexual

Prenatal exposures

Birth trauma/complications

Abuse

Stroke

Brain Malformation

Family History of Seizures

NONE

Brain surgery

Febrile seizure

Other:

Brain tumor

Encephalitis

\_\_\_\_\_

Please describe what happens before, during and after each type of your spells or seizures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please mark each seizure medication you have taken in the past and why the medication was stopped. If stopped due to side effects, please describe effects.

- Alprazolam (Xanax) \_\_\_\_\_
- Briviact (Brivaractam) \_\_\_\_\_
- Carbamazepine (Tegretol) \_\_\_\_\_
- Clobazam (Onfi) \_\_\_\_\_
- Clonazepam (Klonopin) \_\_\_\_\_
- Diazepam (Valium, Diastat) \_\_\_\_\_
- Eslicarbazepine (Aptiom) \_\_\_\_\_
- Ethosuximide (Zarontin) \_\_\_\_\_
- Ezogabine (Potiga) \_\_\_\_\_
- Felbamate (Felbatol) \_\_\_\_\_
- Gabapentin (Neurontin) \_\_\_\_\_
- Lacosamide (Vimpat) \_\_\_\_\_
- Lamotrigine (Lamictal) \_\_\_\_\_
- Levetiracetam (Keppra) \_\_\_\_\_
- Lorazepam (Ativan) \_\_\_\_\_
- Oxcarbazapine (Trileptal, Oxtellar) \_\_\_\_\_
- Perampanel (Fycompa) \_\_\_\_\_
- Phenobarbital \_\_\_\_\_
- Phenytoin (Dilantin) \_\_\_\_\_
- Pregabalin (Lyrica) \_\_\_\_\_
- Primidone (Mysoline) \_\_\_\_\_
- Rufinamide (Banzel) \_\_\_\_\_
- Tiagabine (Gabitril) \_\_\_\_\_
- Topiramate (Topamax, Trokendi) \_\_\_\_\_
- Valproic Acid (Depakote) \_\_\_\_\_
- Vigabatrin (Sabril) \_\_\_\_\_
- Zonisamide (Zonegran) \_\_\_\_\_
- Cannabidiol Products \_\_\_\_\_
- Any others? \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_