When did you have your most recent epileptic seizure? (Write year and month - write "?" if you do not remember)

Year (e.g. 2011): __________
Month no. (e.g. 11): __________

How many seizures did you have last year? (if none, write 0)

Number of attacks: __________

How many absence seizures have you had in the last 3 months?

Number of attacks: __________

How many generalized seizures (convulsions) have you had during the last 3 months?

Number of attacks: __________

Answer the following questions only if you have had at least 1 epileptic seizure during the last year

Do your epileptic seizures occur during sleep?

☐ Yes ☐ No

Are your seizures getting worse?

☐ Yes ☐ No

Have you sustained an injury during a seizure?

☐ No ☐ Yes, but not a serious one ☐ Serious damage (e.g. bone fracture, cut wounds)

Have you been in contact with an emergency room because of epilepsy since your last visit to the outpatient department?

☐ Yes ☐ No

Are your relatives worried about you because of your epilepsy?

Put one tick

☐ Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Do not know ☐ Not applicable
During the last 4 weeks to what degree have you suffered from:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td></td>
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<td></td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Tremor/shacking</td>
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<tr>
<td>Double vision or other visual disturbances</td>
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<tr>
<td>Loss of appetite</td>
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<td></td>
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<tr>
<td>Eating too much</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td></td>
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<tr>
<td>Difficulty concentrating</td>
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<tr>
<td>A feeling that you easily become aggressive</td>
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<tr>
<td>Severe fatigue</td>
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<tr>
<td>Sadness</td>
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<tr>
<td>Being afraid of having a new seizure during the next weeks</td>
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<tr>
<td>Lack of interest or pleasure in sexual activity</td>
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<tr>
<td>Have you in the last 4 weeks had suicidal thoughts?</td>
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</tbody>
</table>
Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

### Over the last two weeks

<table>
<thead>
<tr>
<th>Statement</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>More than half of the time</th>
<th>Less than half of the time</th>
<th>Some of the time</th>
<th>At no time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have felt cheerful and in good spirits</td>
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<td></td>
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<tr>
<td>I have felt calm and relaxed</td>
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<tr>
<td>I have felt active and vigorous</td>
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<tr>
<td>I woke up feeling fresh and rested</td>
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<tr>
<td>My daily life has been filled with things that interest me</td>
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</tr>
</tbody>
</table>

### In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

### Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same
- Somewhat worse now than one year ago
- Much worse than one year ago

### Do you have other diseases or conditions that have a greater effect on your health than your epilepsy?

- Yes
- No

### The next questions deal with your medical treatment

- How often do you think you have forgotten to take some of your medicine?  
  - Daily
  - Weekly
  - Monthly
  - Very rarely, never

- Does your epilepsy medicine have side effects?  
  - No
  - Yes, a few
  - Yes, some
  - Yes, many
The next questions deal with work (being a student counts as work)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes, a bit</th>
<th>Yes, a lot</th>
<th>I'm no longer in the work force</th>
<th>I'm out of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you felt stressed at your work in the last 12 months?</td>
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<tr>
<td>How much do you now work compared with 12 months ago?</td>
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</tr>
<tr>
<td>If you work less now, is it because of your epilepsy?</td>
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</tr>
</tbody>
</table>

Has your epilepsy put serious limitations on your life?

- No
- Yes, describe how: [ ]

How much alcohol do you drink on average in the course of a week? (Refers to beer, wine and spirits. If you drink less than 1 unit a week, write 0)

- Write number of units: [ ]

Do you use recreational drugs? (e. g. hash)

- Never
- Monthly
- Weekly
- Daily

The next questions are only relevant for women

Are you pregnant?

- Yes
- No

Do you plan to get pregnant within the next 12 months?

- Yes
- No
How much do you weight? (number of kg without clothes)
Write answer here: 

Have you driven a car in the last month?
☐ Yes
☐ No

What is your present need for contact with the outpatient clinic?
☐ I phone myself if I need to talk to someone
☐ I'd rather have someone phone me
☐ I'd like to have an outpatient appointment
☐ I don't know

Who has filled in this questionnaire?
☐ I have filled in the questionnaire
☐ I have had help filling in the questionnaire
☐ Someone else has filled in the questionnaire for me (f. ex., spouse, contact person)

May we phone you regarding your answers to the questionnaire?
☐ No
☐ Yes - and my phone number is: 

Here you can write a short note to the personnel that read the questionnaire