

# Seizure Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

If more than one symptom is listed on a line, (circle) the relevant problem:

- History of seizures with a high fever as a child (febrile seizures).
- Last major seizure: \_\_\_\_\_ days / weeks / months / years ago.
- Frequency of major seizures: \_\_\_\_\_ per week / month / year.
- Last minor seizure: \_\_\_\_\_ days / weeks / months / years ago.
- Frequency of minor seizures: \_\_\_\_\_ per week / month / year.
- Episodes of de-realization, out of body experiences.
- Falling out of bed
- Face or arm twitching in the morning
- Staring Spells
- Family history of seizures (who? \_\_\_\_\_)
- Seizures are provoked by:  
Flashing lights    Not Sleeping    Not Eating    Stress    Fever    Allergies    Pain
- Seizures start with an aura of:  
Rising sensation      Slurred Speech      Shortness of Breath  
Bad Smell              Confusion              Palpitation  
Fear                      Tremor                  Sweating  
Flashing Light        Dizziness  
Scream                  Tunnel Vision  
Tingling (where? \_\_\_\_\_)    Pain (where? \_\_\_\_\_)  
Twitching (where? \_\_\_\_\_)
- Current Seizure Medications:  
Dilantin                  Zonegran                  Ativan  
Phenobarbital          Trileptal                  Clobazam  
Tegretol                  Lamictal                  Diamox  
Mysoline                  Keppra                      ACTH  
Depakote                  Topamax                  Detogenic Diet  
Zarontin                  Felbatol                  Vimpat  
Other: \_\_\_\_\_

○ **Prior** seizure medications:

Dilantin	Zonegran	Ativan
Phenobarbital	Trileptal	Clobazam
Tegretol	Lamictal	Diamox
Mysoline	Keppra	ACTH
Depakote	Topamax	Detogenic Diet
Zarontin	Felbatol	Vimpat

Other: \_\_\_\_\_

○ Seizures consist of :

Shaking of:	( both sides	right side	left side	head	trunk )
loss of consciousness		turning to one side			sweating
staring		raising arm			screaming
confusion		foaming at mouth			head banging
can hear but can't respond		noisy breathing			biting tongue
loss of vision		rigidity			wetting pants
picking at clothes		turning pale			smacking lips
blinking eyes		turning red			flailing arms

○ After the seizure, patient is:

Confused for \_\_\_\_\_ minutes / hours Not Confused

Weak: ( both sides right side left side head trunk \_\_\_\_\_ )

Numb: ( both sides right side left side head trunk \_\_\_\_\_ )

Agitated	Blurred vision	Headache
Sleepy	Can't talk right	Irritable
Depressed	Angry	Euphoric

Other: \_\_\_\_\_

○ Seizures began following:

Head injury Car Accident Meningitis Encephalitis Stroke Bleeding in Brain  
Brain Tumor High Fever Drug Reaction (to: \_\_\_\_\_)

○ Are you taking any of these medications or drugs?

Theophylline Wellbutrin / Bupropion Ultram / Ultracet / Tramadol  
Effexor / Venlafaxine Cocaine Alcohol