# Epilepsy Questionnaire

**Referring Doctor** (Name): __________________________

**Patient Name/Contact Info:** __________________________

<table>
<thead>
<tr>
<th>Consanguineous Parents?</th>
<th>Yes ☐ No ☐</th>
<th>If yes, relationship: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected siblings?</td>
<td>Yes ☐ No ☐</td>
<td>If yes, relationship: __________________________</td>
</tr>
<tr>
<td>Healthy siblings?</td>
<td>Yes ☐ No ☐</td>
<td>If yes, relationship: __________________________</td>
</tr>
</tbody>
</table>

**Year of Birth:** _______  
**Gender:** Male ☐ Female ☐

**Birth history:** Full-term ☐ Premature ☐ Post-term ☐  
**Birth weight:** Normal ☐ Low ☐ High ☐

**Birth complications:** No ☐ Yes (specify) __________________________

**Age at time of sample collection:** _______  
**Age at diagnosis:** _______  
**Age at symptom onset:** _______

**Ethnic Category** (as reported by subject) Check One: Hispanic or Latino ☐ Not Hispanic or Latino ☐

**Racial Categories** (as reported by subject) Check One:  
American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐
Black/African American ☐ White/Caucasian ☐ More than One Race ☐ Other ☐ Unknown ☐

**Additional Racial and Ethnicity Information:** ______________________________________________________

**Diagnosed By** (select one): Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Primary Care Physician ☐
Pediatrician ☐ Psychiatrist ☐ Psychologist ☐ Does Not Apply (Population or Family-Based Control) ☐

**Data Collected By** (select one): Neurosurgeon ☐ Neurologist ☐ Pediatric Neurologist ☐ Primary Care Physician ☐
Pediatrician ☐ Psychiatrist ☐ Psychologist ☐ Research Coordinator ☐ Registered Nurse ☐
Research Coordinator/ RN ☐

**Family History of Epilepsy:** Present ☐ Absent ☐ Unknown ☐  
If present, list family members & type __________________________

**Other Paroxysmal Disorder:**  
Migraine ☐ ☐ ☐  
Dystonia ☐ ☐ ☐  
If present, list family members & type __________________________

**Known Genetic Syndrome:** Please specify, if applicable: __________________________

**Known Mutation/s in DNA:** Please specify, if applicable: __________________________

**Seizure type:** Present ☐ Absent ☐  
Tonic-Clonic ☐ ☐ ☐  
Atonic ☐ ☐ ☐  
If present, list family members & type __________________________

**Seizure Disorders (check if present):**  
Epilepsy (>2 unprovoked seizures) ☐ ☐ ☐  
Age of onset, if applicable __________________________

Single Unprovoked seizure ☐ ☐ ☐  
Age at occurrence, if applicable __________________________

Febrile seizures ☐ ☐ ☐  
Age of onset, if applicable __________________________

Status Epilepticus ☐ ☐ ☐  
Age of onset, if applicable __________________________

Acute Symptomatic Seizures ☐ ☐ ☐  
Age of onset, if applicable __________________________

**Etiology of unprovoked seizures (unprovoked seizures only – not applicable to other seizures):**  
Genetic or presumed genetic ☐ Structural etiology ☐ Metabolic ☐ Unknown ☐ Other (specify) ☐

**Specific Etiology (applicable to unprovoked and other seizures):**  
Trauma ☐ Stroke ☐ Hypoxia ☐ Meningitis ☐ Encephalitis ☐ Antenatal insult ☐
Error in brain development (specify) ☐ Cortical dysplasia ☐ Mitochondrial disorder ☐
Metabolic disorder ☐ Tumor ☐
Chromosomal disorder ☐ Other (specify) ☐ Unknown ☐

**Associated Conditions:**  
None Known ☐ Cerebral palsy ☐ Mental retardation ☐ Autism ☐ Dementia ☐ Neurodegenerative disorder ☐
Ataxia ☐ Migraines ☐ Developmental delay ☐ Other (specify) ☐
| **Treatment:** | Medically refractory | Yes | No | Unknown | | Surgical treatment | Yes | No |  
|----------------|---------------------|-----|----|---------| | Surgical treatment | Yes | No |  
| **EEG:** | Normal | Epileptiform Abnormalities | Non-Epileptiform Abnormalities | Both Abnormalities | Not Done | | Generalized spike and wave: | <2.5Hz slow | 2.5-3.5 Hz | >3.5Hz | | Focal spikes: | Temporal | Extra temporal | Multifocal |  
| Nonepileptiform Abnormalities | Focal Slowing: | Temporal | Extra temporal | Other (specify) |  
| **Imaging:** | Normal | Abnormal | Not Done | Specify Abnormality |  
| **Seizure description:** |  
| **Doctor’s Exam Notes:** |