

Parent Interview Questionnaire for Seizure History

Child's Name _____ Birthdate _____ Age _____ Grade _____

Teacher _____ Information provided by _____ Date _____

Please answer all questions. Use the back of this form for explanation or any additional information.

Who does your child see for regular health visits? _____ Phone _____

Who does your child see for seizure management? _____ Phone _____

When was your child diagnosed with seizure disorder? _____ at age _____

Has your child been diagnosed with any other medical conditions? No Yes (Please explain)

What symptoms does your child experience during a seizure _____

Is your child aware of an aura (distortion of vision, hearing or smell) before a seizure _____

What words would your child use to describe the above symptoms _____

Does your child lose consciousness during a seizure? No Yes

How often does your child experience a seizure? _____ x a month _____ x a day other _____

How long does your child's seizure typically last? _____

When was your child's last seizure (date/time/duration)? _____

Has your child experienced a seizure lasting longer than five minutes? No Yes (Please explain)

Has your child ever gone to the emergency room or been hospitalized for his/her seizures? No Yes

(Please explain)

What events might trigger a seizure for your child? _____

What medications does your child take to manage his/her seizure disorder?

Name of medication _____ Amount _____ When taken _____

Has your child been instructed on when and how to take these medications independently? No Yes

Are there any side effects from your child's medications that his/her teacher needs to be aware of? No Yes

(Please explain)

Is your child participating in sports or school sponsored extra-curricular activities? No Yes (Please explain)

What are your child's feelings about having a seizure disorder? _____

Is your child comfortable alerting others when experiencing symptoms of a possible seizure? No Yes

Does your child wear a "medic alert" necklace/ bracelet? No Yes

Describe your child's understanding of their seizure disorder? None /Limited Basic Knowledgeable

Has your medical provider indicated in writing that your child needs special accommodations in school?

No Yes (Please explain)