

Patientquestionnaire for children:

- 1) Had there been complications pregnancy or during birth? If yes, please describe!

- 2) Did febrile convulsions occur during baby- or childhood? At what age and for how long (duration)?

- 3) Did noticeable problems during growth of your child occur?

- 4) Did your child ever hat to suffer a head injury which lead to brain injury or to craniocerebral injury, to skull-fracture, to unconsciousness or to concussion? If yes, please report on date of occurrence and on circumstances of the accident and please be so kind to send us the doctor's reports, if possible.

- 5) Are there or had there been diseases of your child's central nervous system (CNS) (brain and spinal marrow), like inflammation, bleedings, cerebral tumors, apoplexia? If yes, please be so kind to send us the doctor's reports.

- 6) Did febrile convulsions, epileptic seizures or any kind of epilepsy occur to anyone of your child's family members? If yes, please report the degree of relationship and the form of seizures or form of epilepsy.
- 7) Since when does your child suffer seizures?
- 8) What kind of discomfort / symptoms does your child observe before, while and after the seizures?
- 9) What do persons who observe your child and what does your child recognize itself while having seizures. What does your child notice about the seizures and its actions in chronological order?
- 10) About how long do the seizures endure?
- 11) How frequent does your child suffer seizures and of what kind are they?
Please be so kind to bring a calendar with your notes about date and time of your child's seizures occurring.

12) Do you notice trigger factors for seizures to occur? If yes, please describe!

13) Do you notice a time during the day at which seizures of your child prefer to occur?

14) When did your child suffer the last seizure?

15) For medical history please fill out following table and do not hesitate to consult your doctor for assistance.

16) What pharmaceuticals does your child currently take? Please list all pharmaceuticals with exact name and dosage in mg.



Current medical therapy of Name: _____, _____, born _____

Pharmaceutical (name)	Dosage	taken from ... until ...	Efficacy?	Adverse Effects?