

Is your epilepsy holding you back?

Take this questionnaire



GETTING CONTROL OF SEIZURES IS THE FIRST OF MANY GOALS

You can manage your epilepsy and work toward your personal goals for the future

- People with epilepsy often can achieve the same kinds of goals for education, career, and family as people without epilepsy
- Epilepsy is commonly a long-term illness, so a good treatment plan keeps your goals for the future in mind

The key to getting the most out of your epilepsy treatment is talking to your doctor

- ➔ Take the Treatment Satisfaction Questionnaire and discuss your answers with your doctor
- ➔ Talk to your doctor about your immediate and long-term goals
- ➔ Ask your doctor what you can expect from your epilepsy treatment now and into the future
- ➔ Keep track of your seizures and how you feel on a daily basis to share with your doctor at each visit

WOMEN AND GIRLS WITH EPILEPSY HAVE SPECIAL NEEDS

By providing your doctor more information about you, you can help him or her select a treatment that's right for you. If any of the following circumstances apply to you, now or in the near future, please talk to your doctor:

- Entering puberty
- Having irregular periods
- Becoming sexually active
- Using birth control
- Planning a pregnancy
- Going through menopause

If you do become pregnant

- Tell your doctor immediately; together you can make a plan to manage your seizures during and after pregnancy
- Ask your doctor about how you can enroll in a pregnancy registry

Remember:

Do not stop taking your antiseizure medication or change dosages unless specifically instructed by your doctor.

TAKE THE TREATMENT SATISFACTION QUESTIONNAIRE

The Treatment Satisfaction Questionnaire can help your doctor develop a treatment plan that's right for you. It asks you questions about problems people with epilepsy may potentially experience. Some of these may be symptoms of epilepsy itself, others may be related to the medication you take for your seizures, and still others may be unrelated.

Please take the time to answer the questions below and discuss your responses with your doctor. Bring your completed questionnaire when you meet with your doctor.



TREATMENT SATISFACTION QUESTIONNAIRE

Name	Date		
		yes	no
1. Do you feel that your seizures are adequately controlled? <i>Specify:</i>		<input type="radio"/>	<input type="radio"/>
<hr/>			
2. Are you having difficulty thinking clearly? <i>(For example, problems concentrating, communicating, or remembering things)</i> <i>Specify:</i>		yes	no
		<input type="radio"/>	<input type="radio"/>
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3. Are you bothered by changes in your physical appearance? <i>(For example, changes in weight, hair loss or unusual hair growth, acne or rash, gum problems)</i> <i>Specify:</i>		yes	no
		<input type="radio"/>	<input type="radio"/>
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4. Are your feelings or moods out of the ordinary? <i>(For example, sadness, anger, nervousness, too much or too little energy)</i> <i>Specify:</i>		yes	no
		<input type="radio"/>	<input type="radio"/>
<hr/>			
5. Do you find that you have problems with coordination? <i>(For example, you feel dizzy or unsteady)</i> <i>Specify:</i>		yes	no
		<input type="radio"/>	<input type="radio"/>
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6. Do any of the above symptoms you described or other problems you may be experiencing interfere with your daily activities or life goals? <i>(For example, it has affected your job performance, schoolwork, or your relationships with family or friends)</i> <i>Specify:</i>		yes	no
		<input type="radio"/>	<input type="radio"/>
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