

Seizure Questionnaire for Parents

Child's Name_____ Grade_____

Parent's Name_____

Name of Doctor treating the seizures_____

Name of Clinic_____ Clinic Phone_____

Hospital Preference (in case of emergency)_____

1. At what age did seizure activity begin?
2. What kinds of behaviors are observed during a seizure?
3. How often does your child have a seizure?
4. How long do the seizures typically last?
5. When was your child's most recent seizure?
6. What medications, including dose and frequency, does your child take?
7. What events seem to precipitate a seizure?
8. Has your child experienced a seizure lasting longer than 5 minutes? If so, what interventions were taken?
9. Does your physician recommend any limitations (such as swimming or use of playground equipment or machinery)? If so, what?
10. If your child has a seizure at school, what action would you advise the staff to take?

Comments:

Parent Signature_____ Date_____

