Epilepsy

i. Age of seizure onset: _____days / weeks / months / years (circle)

ii. Age of peak seizure frequency:_____days / weeks / months / years (circle)

iii. Seizures ongoing? ☐ Yes ☐ No - on / off treatment? (circle)

iv. Number of seizure types ☐ 1 ☐ 2 ☐ 3 ☐ >3

a. Seizure type 1

i. Age onset: days / weeks / months / years (circle)

ii. Seizure type:

☐ absence - typical ☐ atypical absence ☐ myoclonic absence ☐ absence with eyelid myoclonia
☐ focal – aware ☐ focal - impaired awareness ☐ hemiclonic: R / L / Both (circle)
☐ focal - evolving to bilateral convulsion ☐ tonic-clonic ☐ tonic
☐ atonic ☐ clonic ☐ myoclonic ☐ myoclonic-atonic
☐ epileptic spasms ☐ unclassified

Seizure description: _____

_____

_____

iii. Seizure duration - average_____sec / min / hours maximum_____sec / min / hours

iv. Approximate total number of seizures:

v. Frequency of seizures ☐ hourly ☐ daily ☐ weekly ☐ monthly ☐ yearly ☐ other

If other, please specify: _____

vi. Seizure type ongoing? ☐ yes ☐ no - age of offset days / weeks / months / years

vii. Is there a video? ☐ yes ☐ no

b. Seizure type 2

i. Age onset days / weeks / months / years (circle)

ii. Seizure type

☐ absence - typical ☐ atypical absence ☐ myoclonic absence ☐ absence with eyelid myoclonia
☐ focal – aware ☐ focal - impaired awareness ☐ hemiclonic: R / L / Both (circle)
☐ focal - evolving to bilateral convulsion ☐ tonic-clonic ☐ tonic
☐ atonic ☐ clonic ☐ myoclonic ☐ myoclonic-atonic
☐ epileptic spasms ☐ unclassified

Seizure description_____

_____

_____

iii. Seizure duration - average sec / min / hours maximum sec / min / hours

iv. Approximate total number of seizures

v. Frequency of seizures ☐ hourly ☐ daily ☐ weekly ☐ monthly ☐ yearly ☐ other

If other, please specify: _____

vi. Seizure type ongoing? ☐ yes ☐ no - age of offset days / weeks / months / years

vii. Is there a video? ☐ yes ☐ no

c. Seizure type 3

i. Age onset days / weeks / months / years (circle)

ii. Seizure type

☐ absence - typical ☐ atypical absence ☐ myoclonic absence ☐ absence with eyelid myoclonia
☐ focal – aware ☐ focal - impaired awareness ☐ hemiclonic: R / L / Both (circle)
☐ focal - evolving to bilateral convulsion ☐ tonic-clonic ☐ tonic
☐ atonic ☐ clonic ☐ myoclonic ☐ myoclonic-atonic
☐ epileptic spasms ☐ unclassified

Seizure description_____

_____

_____

iii. Seizure duration - average sec / min / hours maximum sec / min / hours

iv. Approximate total number of seizures

v. Frequency of seizures ☐ hourly ☐ daily ☐ weekly ☐ monthly ☐ yearly ☐ other

If other, please specify: _____

vi. Seizure type ongoing? ☐ yes ☐ no - age of offset days / weeks / months / years

vii. Is there a video? ☐ yes ☐ no	
d. Seizure type >3	
If seizures >3: Age onset, seizure type, description, duration, number of seizures, frequency, ongoing?	
Electroencephalogram	
i. EEG at epilepsy onset ☐ yes ☐ no	
ii. EEG at epilepsy evolution ☐ yes ☐ no	
EEG at epilepsy onset	
i. Age of EEG: _____ days / weeks / months / years (circle)	
ii. Interictal background ☐ normal ☐ background abnormality – focal / generalised (circle) ☐ burst-suppression ☐ hypsarrhythmia / modified hypsarrhythmia	
iii. Interictal epileptiform activity ☐ none ☐ unifocal ☐ multifocal ☐ generalised ☐ both focal and generalised Location if focal: _____ Type if generalised: ☐ generalised spike-wave >3.5Hz ☐ generalised spike-wave 2.5-3.5Hz ☐ generalised spike-wave <2.5Hz ☐ generalised paroxysmal fast ☐ generalised elecotrodecrement ☐ other If other, please specify: _____	
iv. Proportion of EEG during which epileptiform activity is seen (awake or asleep) ☐ 0% ☐ 0-25% ☐ 26-50% ☐51-75% ☐ 76-100%	
v. Seizures recorded? ☐ no ☐ yes - seizure type ☐ 1 ☐2 ☐3 ☐other (specify below)	

vi. Seizure type and location_____

_____

_____

Seizure type and location_____

_____

_____

Seizure type and location_____

_____

_____

EEG at epilepsy evolution

i. Evolution: ☐ yes ☐ no

ii. Age of EEG_____days / weeks / months / years

iii. Interictal epileptiform activity

☐ none ☐ unifocal ☐ multifocal ☐ generalised ☐ both focal and generalised

Location if focal: _____

Type if generalised: ☐ generalised spike-wave >3.5Hz ☐ generalised spike-wave 2.5-3.5Hz
☐ generalised spike-wave <2.5Hz ☐ generalised paroxysmal fast
☐ generalised elecotrodecrement ☐ other

If other, please specify: _____

iv. Proportion of EEG during which epileptiform activity is seen (awake or asleep)

☐ 0% ☐ 0-25% ☐ 26-50% ☐51-75% ☐ 76-100%

v. Seizures recorded? ☐ no ☐ yes - seizure type ☐ 1 ☐2 ☐3 ☐other (specify below)

vi. Seizure type and location _____

_____

_____

Seizure type and location _____

_____

_____

Seizure type and location _____

_____

_____

Syndromes

a. Epileptic syndrome at presentation

☐ Dravet syndrome
☐ Early myoclonic encephalopathy
☐ Epilepsy of infancy with migrating focal seizures
☐ Landau-Kleffner syndrome
☐ Ohtahara syndrome
☐ unclassified
☐ other classified _____
☐ Early onset epileptic encephalopathy (onset <3m)
☐ Epilepsy with myoclonic-atonic seizures
☐ Febrile infection-related epilepsy syndrome
☐ Lennox-Gastaut syndrome
☐ West syndrome

b. Epileptic syndrome at evolution

☐ Dravet syndrome
☐ Early myoclonic encephalopathy
☐ Epilepsy of infancy with migrating focal seizures
☐ Landau-Kleffner syndrome
☐ Ohtahara syndrome
☐ unclassified
☐ other classified _____
☐ Early onset epileptic encephalopathy (onset <3m)
☐ Epilepsy with myoclonic-atonic seizures
☐ Febrile infection-related epilepsy syndrome
☐ Lennox-Gastaut syndrome
☐ West syndrome

Age at evolution _____ days / weeks / months / years (circle)

Other epilepsy features

i. Convulsive status epilepticus ☐ no ☐ yes - number of episodes _____

ii. Non-convulsive status epilepticus ☐ no ☐ yes - number of episodes _____

iii. Febrile seizures ☐ no ☐ yes - ages _____ days / months / years

iv. Seizure triggers (does it trigger a specific seizure type) _____

_____

v. Seizure free period >6 months? ☐ no ☐ yes - age_____ days / weeks / months / years

Duration of seizure freedom _____days / weeks / months / years

Treatment whilst seizure free _____

Treatment

i. Current _____

ii. Previous _____

iii. Non-pharmacologic treatments:

☐ none ☐ ketogenic diet ☐ vagus nerve stimulation ☐ other – specify: _____

☐ epilepsy surgery: resesction – hemispheric / resection – multilobular / resection – lobular / resection – tubular / corpus callosotomy / other – specify: _____ (circle)

Details (start and end date):_____

Beneficial treatment:_____

Exacerbating treatment:_____

Development

i. Was development ever normal? ☐ no ☐ yes

ii. Development plateaued ☐ no ☐ yes - age and trigger_____

Details_____

iii. Development regressed ☐ no ☐ yes - age and trigger_____

Details_____

iv. Developmental outcome ☐ normal
☐ isolated delay - domain_____
☐ global delay - specify_____

v. Outcome severity
☐mild ☐moderate ☐severe ☐profound

vi. Developmental milestones:
age sat_____ walked_____

single words_____ two words together_____

vii. Visually attentive ☐ no ☐ yes

viii. Hearing ☐ normal ☐ impaired - sensorineural / conductive (circle)

ix. Best gross motor skill:
☐ none ☐head control ☐ rolling ☐ sitting ☐ walking ☐ running

x. Best language skill:
☐ none ☐ cooing ☐ complex babble ☐ < 5 words
☐ <20 words ☐ < 50 words ☐ <100 words ☐ 2-words together
☐ short phrases (<6 words) ☐ sentences

xi. Autism spectrum disorder ☐ no ☐ yes

xii. Psychiatric / behavioural problems ☐ no ☐ yes - specify_____

Other neurologic features

i. Movement disorder ☐ no ☐ yes - specify type and if persistent / paroxymal

Type of movement disorder: ☐ dysontia ☐ choreoathetosis ☐ opisthotonus
☐ oculogyric crisis ☐ Myoclonus (non-epileptic) ☐ tremor
☐ Parkinsonism ☐ Mixed - specify ☐ Other - specify

Other:_____

ii. Tone abnormality ☐ no ☐ yes - type and distribution

Type of abnormality: ☐ hypotonia ☐ spastic quadriparesis ☐ spastic diplegia
☐ hemiplegia (left) ☐ hemiplegia (right) ☐ other

Other:_____

iii. Head size

☐ normal ☐ microcephalic – congenital ☐ microcephalic – acquired
☐ macrocephalic – congenital ☐ macrocephalic – acquired

Other:_____

Non-neurologic features

i. Dysmorphic features ☐ no ☐ yes - specify

_____

_____

ii. Neurocutaneous features ☐ no ☐ yes - specify

_____

iii. Growth abnormality ☐ no ☐ yes - small / large for age (circle)

iv. Other abnormalities ☐ no ☐ yes - specify

_____

v. Enteral feeding required ☐ no ☐ yes – specify

☐ nasogastric tube ☐ nasojejunal tube ☐ percutaneous endoscopic gastrostomy

☐ percutaneous endoscopic jejunostomy ☐ other – specify_____

vi. Age at which enteral feeding was used: _____ months / years (circle)

Perinatal

i. Morphologic / growth abnormality ☐ no ☐ yes - specify below

_____

ii. Amniotic fluid abnormality ☐ no ☐ yes - polyhydramnios / oligohydramnios (circle)

iii. Other problems in pregnancy ☐ no ☐ yes - specify below

(eg illness, bleeding, maternal medications) _____

iv. Gestation _____ weeks

v. Resuscitation required ☐ no ☐ yes - specify below

_____

vi. Other problems in neonatal period ☐ no ☐ yes - specify below

_____

_____

Results of investigations

i. MRI-brain performed ☐ no ☐ yes - age and result

_____

ii. CT-brain performed (if no MRI) ☐ no ☐ yes - age and result

_____

iii. Chromosomal microarray ☐ normal ☐ abnormal ☐ not assessed

Result: _____

iv. Other genetic testing performed ☐ no ☐ yes - details below

Type, result, laboratory location, date _____

v. Other abnormal results ☐ no ☐ yes - details below

Type, result, laboratory location, date _____