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 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
<table>
<thead>
<tr>
<th>vii. Is there a video?</th>
<th>☐ yes</th>
<th>☐ no</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>d. Seizure type &gt;3</th>
</tr>
</thead>
<tbody>
<tr>
<td>If seizures &gt;3:</td>
</tr>
<tr>
<td>Age onset, seizure type, description, duration, number of seizures, frequency, ongoing?</td>
</tr>
</tbody>
</table>

**Electroencephalogram**

<table>
<thead>
<tr>
<th>i. EEG at epilepsy onset</th>
<th>☐ yes</th>
<th>☐ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii. EEG at epilepsy evolution</td>
<td>☐ yes</td>
<td>☐ no</td>
</tr>
</tbody>
</table>

**EEG at epilepsy onset**

<table>
<thead>
<tr>
<th>i. Age of EEG: ____________ days / weeks / months / years (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii. Interictal background</td>
</tr>
<tr>
<td>☐ normal</td>
</tr>
<tr>
<td>☐ burst-suppression</td>
</tr>
<tr>
<td>☐ background abnormality – focal / generalised (circle)</td>
</tr>
<tr>
<td>☐ hypsarrhythmia / modified hypsarrhythmia</td>
</tr>
<tr>
<td>iii. Interictal epileptiform activity</td>
</tr>
<tr>
<td>☐ none</td>
</tr>
<tr>
<td>☐ unifocal</td>
</tr>
<tr>
<td>☐ multifocal</td>
</tr>
<tr>
<td>☐ generalised</td>
</tr>
<tr>
<td>☐ both focal and generalised</td>
</tr>
<tr>
<td>Location if focal: ____________________________</td>
</tr>
<tr>
<td>Type if generalised:</td>
</tr>
<tr>
<td>☐ generalised spike-wave &gt;3.5Hz</td>
</tr>
<tr>
<td>☐ generalised spike-wave &lt;2.5Hz</td>
</tr>
<tr>
<td>☐ generalised paroxysmal fast</td>
</tr>
<tr>
<td>☐ generalised electrodecrement</td>
</tr>
<tr>
<td>☐ other</td>
</tr>
<tr>
<td>If other, please specify: ____________________</td>
</tr>
<tr>
<td>iv. Proportion of EEG during which epileptiform activity is seen (awake or asleep)</td>
</tr>
<tr>
<td>☐ 0%</td>
</tr>
<tr>
<td>☐ 0-25%</td>
</tr>
<tr>
<td>☐ 26-50%</td>
</tr>
<tr>
<td>☐ 51-75%</td>
</tr>
<tr>
<td>☐ 76-100%</td>
</tr>
<tr>
<td>v. Seizures recorded?</td>
</tr>
<tr>
<td>☐ yes - seizure type ☐ 1 ☐ 2 ☐ 3 ☐ other (specify below)</td>
</tr>
<tr>
<td>vi. Seizure type and location</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Seizure type and location</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
</tr>
<tr>
<td>EEG at epilepsy evolution</td>
</tr>
<tr>
<td>i. Evolution:</td>
</tr>
<tr>
<td>ii. Age of EEG:</td>
</tr>
<tr>
<td>iii. Interictal epileptiform activity</td>
</tr>
<tr>
<td>□ none □ unifocal □ multifocal □ generalised □ both focal and generalised</td>
</tr>
<tr>
<td>Location if focal:</td>
</tr>
<tr>
<td>Type if generalised:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>If other, please specify:</td>
</tr>
<tr>
<td>iv. Proportion of EEG during which epileptiform activity is seen (awake or asleep)</td>
</tr>
<tr>
<td>□ 0% □ 0-25% □ 26-50% □ 51-75% □ 76-100%</td>
</tr>
<tr>
<td>v. Seizures recorded?</td>
</tr>
</tbody>
</table>
### Syndromes

#### a. Epileptic syndrome at presentation

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>협력</th>
<th>Yes - number of episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dravet syndrome</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Early myoclonic encephalopathy</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Epilepsy of infancy with migrating focal seizures</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Landau-Kleffner syndrome</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Ohtahara syndrome</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>unclassified</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>other classified</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

#### b. Epileptic syndrome at evolution

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>협력</th>
<th>Yes - number of episodes</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>unclassified</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>other classified</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

#### Other epilepsy features

<table>
<thead>
<tr>
<th>Feature</th>
<th>협력</th>
<th>Yes - number of episodes</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Convulsive status epilepticus</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>ii. Non-convulsive status epilepticus</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>iii. Febrile seizures</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>iv. Seizure triggers (does it trigger a specific seizure type)</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: _______________


Details (start and end date): _______________

Beneficial treatment: _______________

Exacerbating treatment: _______________

### Development

i. Was development ever normal?  
☐ no  ☐ yes

ii. Development plateaued

Details

iii. Development regressed

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 quadriplegia
- [ ] 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 ____________________________