



## Parent Interview Questionnaire for Seizure History

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Information provided by \_\_\_\_\_ Date \_\_\_\_\_

**Please answer all questions. Use the back of this form for explanation or any additional information.**

Who does your child see for regular health visits? \_\_\_\_\_ Phone \_\_\_\_\_

Who does your child see for seizure management? \_\_\_\_\_ Phone \_\_\_\_\_

When was your child diagnosed with seizure disorder? \_\_\_\_\_ at age \_\_\_\_\_

Has your child been diagnosed with any other medical conditions? ☐ No ☐ Yes (Please explain)

What symptoms does your child experience during a seizure \_\_\_\_\_

Is your child aware of an aura (distortion of vision, hearing or smell) before a seizure \_\_\_\_\_

What words would your child use to describe the above symptoms \_\_\_\_\_

Does your child lose consciousness during a seizure? ☐ No ☐ Yes

How often does your child experience a seizure? \_\_\_\_\_ x a month \_\_\_\_\_ x a day other \_\_\_\_\_

How long does your child's seizure typically last? \_\_\_\_\_

When was your child's last seizure (date/time/duration)? \_\_\_\_\_

Has your child experienced a seizure lasting longer than five minutes? ☐ No ☐ Yes (Please explain)

Has your child ever gone to the emergency room or been hospitalized for his/her seizures? ☐ No ☐ Yes  
(Please explain)

What events might trigger a seizure for your child? \_\_\_\_\_

What medications does your child take to manage his/her seizure disorder?

Name of medication \_\_\_\_\_ Amount \_\_\_\_\_ When taken \_\_\_\_\_

Has your child been instructed on when and how to take these medications independently? ☐ No ☐ Yes

Are there any side effects from your child's medications that his/her teacher needs to be aware of? ☐ No ☐ Yes  
(Please explain)

Is your child participating in sports or school sponsored extra-curricular activities? ☐ No ☐ Yes (Please explain)

What are your child's feelings about having a seizure disorder? \_\_\_\_\_

Is your child comfortable alerting others when experiencing symptoms of a possible seizure? ☐ No ☐ Yes

Does your child wear a "medic alert" necklace/ bracelet? ☐ No ☐ Yes

Describe your child's understanding of their seizure disorder? ☐ None /Limited ☐ Basic ☐ Knowledgeable

Has your medical provider indicated in writing that your child needs special accommodations in school?

☐ No ☐ Yes (Please explain)