

Patients with epilepsy may have concerns in a number of areas. Please let us know if you have concerns in any of the following areas, and we will be able to address these issues with you or point you in the right direction for care.

1. Number or Severity of Seizures

- My child is not having seizures currently.
- Although my child experiences seizures, I think that we are treating them as well as possible.
- My child experiences seizures, and **I think the medication needs to be changed or other therapies should be tried.**

2. Medication Side Effects

- My child does not experience medication side effects.
- Although my child experiences medication side effects, I do not think the medication needs to be changed.
- My child experiences medication side effects, and **I think the medication needs to be changed.**

3. Activities and Safety (including driving and sleep monitors), related to epilepsy or movement issues

- I do not have any concerns about my child's safety.
- I have concerns about my child's safety, but these concerns are currently being addressed as well as possible.
- I have concerns about my child's safety, and **these concerns are not being adequately addressed.**

4. Sudden, Unexpected Death in Epilepsy (SUDEP)

- I understand about SUDEP and believe we are taking all possible steps to minimize risk.
- I have questions about SUDEP and how to minimize its risk.**

5. Cause of Epilepsy (or other neurological concerns)

- I feel we have a good understanding of why my child has epilepsy or other neurological issues.
- Although we do not completely understand why my child has epilepsy or other neurological issues, I do not think any further testing is warranted currently.
- We do not completely understand why my child has epilepsy or other neurological issues, and **I believe we should do more to figure out the causes.**

6. Pregnancy: Seizures and Medication

- My child is unable to get pregnant.
- My child is biologically capable of getting pregnant, and **I have questions about birth control or concerns about how seizures/seizure medications could affect a pregnancy.**

7. Seizure Action Plan

- When my child has a seizure, there is never a need to give emergency medications or go to the emergency room.
- My child sometimes needs emergency medications to stop a seizure or to go to the emergency room. All care givers know precisely what to do.
- My child sometimes needs emergency medications or to go to the emergency, and **it would be helpful to have a seizure action plan.**

8. Quality of Life

- I do not have any concerns about how epilepsy is impacting my child's quality of life.
- I have concerns about how epilepsy is impacting my child's quality of life, but everything possible is being done to optimize his/her quality of life.
- I have concerns about my child's quality of life, and **I believe more could be done to improve his/her quality of life.**

9. Development or Academic Progress

- I do not have any concerns about my child's development or school performance.
- I have concerns about my child's development or school performance, but these concerns are currently being addressed as well as possible.
- I have concerns about my child's development or school performance, and **these concerns are not being adequately addressed.**

10. Attention, Mood/Anxiety, Behavior

- I do not have any concerns about my child's attention, mood/anxiety or behavior.
- I have concerns about my child's attention, mood/anxiety or behavior, but these concerns are currently being addressed as well as possible.
- I have concerns about my child's attention, mood/anxiety or behavior, and **these concerns are not being adequately addressed.**

11. Movement, Physical Abilities and Bone Health

- I do not have any concerns about my child's movement or physical abilities.
- I have concerns about my child's movement or physical abilities, but these concerns are currently being addressed as well as possible.
- I have concerns about my child's movement and physical abilities, and **these concerns are not being adequately addressed.**

12. Sleep

- I do not have any concerns about my child's sleep.
- I have concerns about my child's sleep, but these concerns are currently being addressed as well as possible.
- I have concerns about my child's sleep, and **these concerns are not being adequately addressed.**

13. Family Support:

- Our family has enough support to navigate the challenges associated with epilepsy and/or other disabilities.
- We would benefit from additional assistance to deal with epilepsy and/or other disabilities.**

14. I have other concerns I'd like to discuss: