



Freephone: 1800 320 820
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Questionnaire.

*** See below for explanation of abbreviations**

Date: _____

Maternal Information:

Surname: _____

Forename: _____

Address: _____

Phone No.: _____

Are you a resident of Ireland: **yes** **no**

*DOB: _____

*EDD: _____

How many weeks pregnant are you now?: _____

*Relevant history: _____

Epilepsy History:

Year or age of 1st seizure? _____

*Seizure type: _____

*Major (tonic clonic): **yes** **no**

*Other type of seizures? 1. _____

2. _____

3. _____

Cause of epilepsy if known?: _____

Seizure during pregnancy?

yes **no**

If yes, what type? _____

Anti-epileptic drug (AED) Treatment:

*AED treatment during pregnancy: _____

*Any changes made in pregnancy: _____

*Any other treatment during pregnancy: _____



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*AED treatment 3 months prior to conception: _____

*Any changes made 3 months prior to conception: _____

*Other treatment 3 months prior to conception: _____

*Current AED treatment: _____

Folic Acid:

Are you taking folic acid now? **yes** **no**

*Did you take folic acid pre-conceptually?: **yes** **no**

If no, at what stage in pregnancy?: _____

Dose of folic acid: 400mcgs 5mgs other: _____

*Duration: _____

Comments: _____

General Practitioner details:

Name: _____

Address: _____

Phone No.: _____

Are you currently attending a specialist clinic for your epilepsy? : **yes** **no**

If yes, where? : _____

Name of Doctor: _____

Where did you hear about this register? : _____



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Are you a smoker: **yes** **no**

If Yes how many a day: _____

Or did you stop when you discovered you were pregnant: _____

Can we contact you by phone or letter if we need clarification of any of the above information? **yes** **no**

Form completed by: _____

Date of completion: _____



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Explanations of abbreviations:

Maternal Information:

DOB – Date of birth

EDD – Expected date of delivery of baby

Relevant history – Past history e.g. is this your 1st pregnancy; is there any relevant past medical history?

Epilepsy History:

Seizure type – What type of seizures do you get?

Major (tonic clonic) – Did you ever have a major seizure (tonic clonic/grand mal seizure)?

Other type of seizures? – What other types of seizures do you get?

Anti-epileptic drug (AED) Treatment:

AED treatment during pregnancy – What anti-epileptic drugs are you taking in pregnancy?

Any changes made in pregnancy – Did your anti-epileptic drugs change in pregnancy?

Any other treatment during pregnancy – Are you taking any other medications in this pregnancy?

AED treatment 3 months prior to conception – What anti-epileptic drugs were you on 3 months prior to conception?

Any changes made 3 months prior to conception - Did your anti-epileptic drugs change 3 months prior to pregnancy?

Other treatment 3 months prior to conception - Did you take any other medications 3 months prior to pregnancy?

Current AED treatment – What anti-epileptic drugs are you currently taking?

Folic Acid:

Pre-conceptually – Before you got pregnant?

Duration – Are you still on folic acid, if not when did you stop taking it?

Please print off, complete and post questionnaire along with 2 signed & dated consent forms to:

Brenda Liggan, Epilepsy Research Nurse, Epilepsy & Pregnancy Register, Clinical Research Centre, Smurfit Building, Beaumont Hospital, Dublin 9.
