

## **Appendixes (A):**

### **Patient Questionnaire - Epilepsy**

Patient

Name:

\_\_\_\_\_DOB :

#### **GENERAL SEIZURE HISTORY**

When did you have your first seizure? When was the last time you had a seizure ?

\_\_\_\_\_

What is the longest that you have been seizure-free? Do you have clusters of seizures ?

\_\_\_\_\_

Have you ever been admitted to a hospital for seizures? How often ?

\_\_\_\_\_

Have you ever had continuous seizures for over 30 minutes (status epilepticus)? How often

\_\_\_\_\_

Have you ever been injured during a seizure? If so, please describe the injury

\_\_\_\_\_

Have your seizures changed in frequency, duration, and/or severity recently?

\_\_\_\_\_

Seizure type #2

Is there anything that triggers these seizures? (e.g. stress, lights, fatigue, menstrual periods, etc

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Are there any warning signs/auras at the beginning of these seizures? (e.g. dizziness, fear, headache, déjà vu, laughter, inability to speak, twitching or other movements, etc.) How long does each seizure usually last?

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Do these seizures occur at any particular time of day? (e.g. during sleep, when you first get up, etc

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When was the last time you had this type of seizure?

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## RISK FACTORS FOR SEIZURES

Were there any prenatal or labor and delivery problems surrounding your birth?

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Have you had any head injuries?

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Did you ever have a seizure during a high fever when you were a baby?

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Have you ever had a stroke?

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Do you have any other neurologic disorders/problems? (e.g. brain tumor, paralysis/weakness, learning disability, memory problems, etc

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## PREVIOUS EPILEPSY WORK-UP

Please indicate when and where you have had these tests done. If you have had a test done more than once, please list when and where each test was performed. If you are aware of the results, please indicate. Attach additional sheets if necessary. If you have not had a particular test, just write "N/A ."

Routine EEG (no video)

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VideoEEG monitoring – Please indicate if seizures were recorded

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MRI of the brain

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Name of medication

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Epilepsy Brain Surgery

Have you ever had brain surgery for your epilepsy? \_\_\_\_Yes \_\_\_\_ No If  
yes: When and where was the surgery performed ?

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Type of surgery: \_\_\_\_ Temporal lobectomy: \_\_\_\_Right \_\_\_\_Left  
\_\_\_\_ Removal of mass/tumor \_\_\_\_ Removal of seizure focus  
identified by recording seizures using depth electrodes and/or subdural  
grids

## Appendixes (B): MRI images

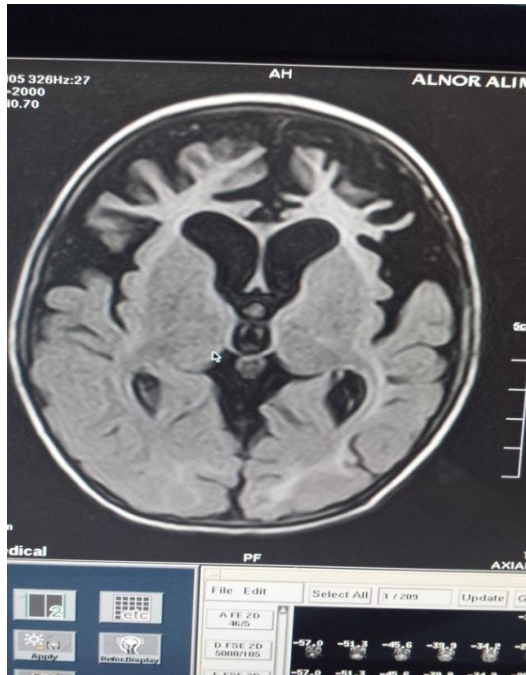


Fig (2.11) child 2 years old with brain atrophy after encephalitis and epilepsy.

Brain MRI -axial flair without contrast

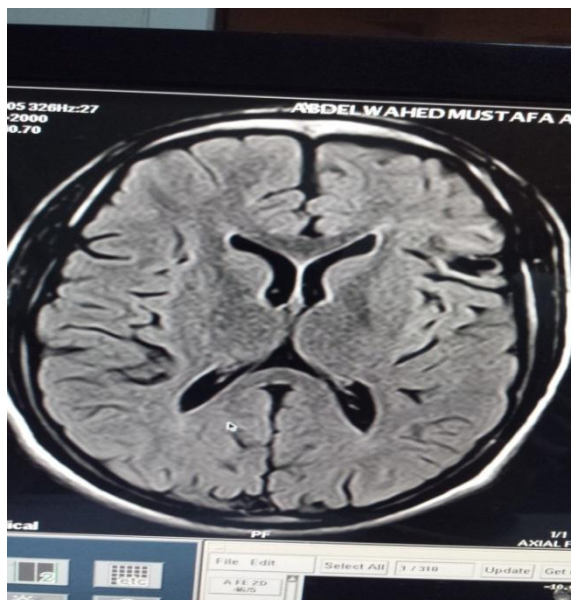


Fig (2.12) male 22 years with localized left side brain atrophy after trauma and have seizure.

Brain MRI-axial flair without contrast

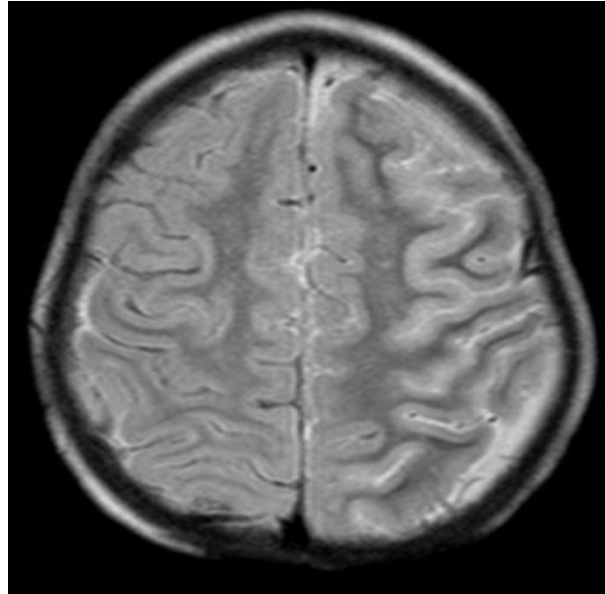


Fig (2.13) Patient with encephalitis

flair brain MRI image show increased FLAIR signal intensity within the subarachnoid space.

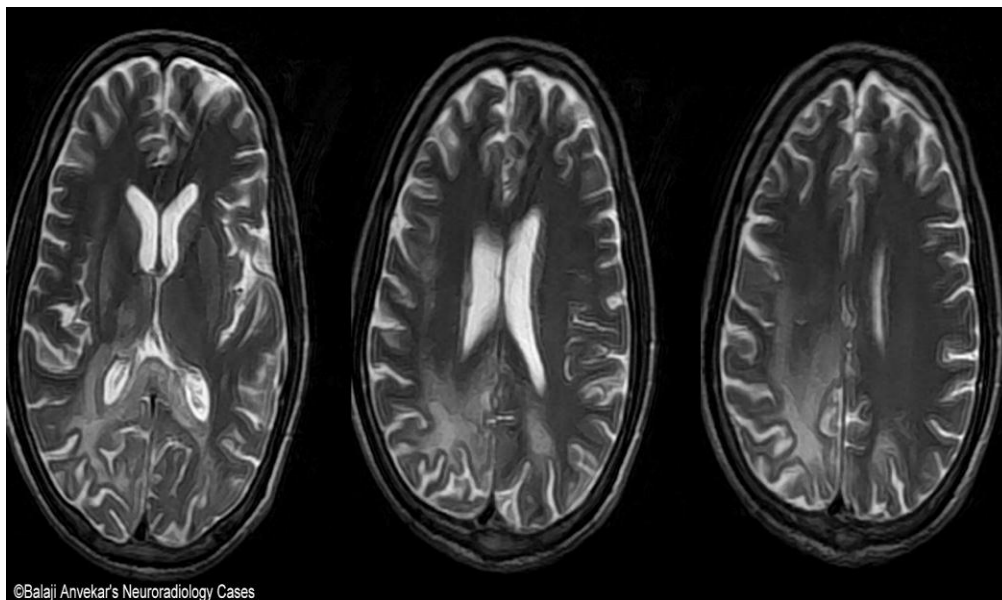


Fig (2.14) MRI study of Brain shows: Bilateral patchy ill defined parietal T2 hyper intensities confined to white matter, peri ventricular as well as sub cortical for encephalitis patients

