

EPILEPSY QUESTIONNAIRE

(To be completed by the applicant)

This questionnaire will form part of application on the life of _____
dated _____

1. When did you first have an epileptic fit or blackout? _____

2. When did you have your last fit or blackout? _____

3. How many attacks do you have per year? _____

4. Please indicate the type of epilepsy that you suffer from.

Grand mal, petit mal, temporal lobe, type unknown, others.

5. When do you have these fits or blackouts? Give full details.

During day or at night; after excitement; after taking alcohol; after prolonged mental anxiety; any other precipitating factors. _____

6. How long do the attacks last? _____

7. Do you lose consciousness? Is it only a passing dizziness or fainting?(Y/N)

If "Yes", please give full details _____

8. If you do lose consciousness, how long does it last? _____

9. Have you ever injured yourself as a result of a fit or blackout? (Y/N)

If "Yes", please give full details _____

10. Does this condition influence any aspect of you occupation? (Y/N)

If "Yes", please give full details _____

11. Are you licensed to drive a motor vehicle? (Y/N)

12. Please state any treatment you may have had, as well as any tablets taken _____

13. Have you had any investigations, e.g electroencephalograph (EEG), CT scan? (Y/N)

14. Please state name(s) and address(es) of doctor(s) consulted. _____

I hereby declare that the above particulars and answers are complete and true.

Signed: _____ Date (day/month/year): _____