

### Kasr AL-Ainy Epilepsy Database and Registry (KAEDR)

Name		Sex		ID no.		Phone	
Year of birth		Active driving	Yes/ no				
Marital status	Single Married Divorced Widow	Occupation	Not working/ working: specify	Handedness	Right / Left / both	Education	Illiterate /Reads & writes /1r /Prep /2ry /University
Special Habits of medical importance	Smoking, Drug abuse/ tramadol/ alcohol	<b>Scholastic Mal-achievement:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (?Disease <input type="checkbox"/> Social/financial factors <input type="checkbox"/>		Comorbidities	Cognitive Neurological impairment Psychiatric DM, HTN Renal, Hepatic Cardiac, Anemia Collagen vascular Organ transplant Peptic ulcer Asthma Electrolyte derangement Migraine Nocturnal enuresis Malignancies Others	Past History	Perinatal insult: Birth injury Hypoxia Kernicterus Neonatal infection Traumatic Vascular CNS Infection Neoplasm Cortical malformations Tuberous sclerosis Others
Concomitant Medications:	List:	Family consanguinity	Yes / No	Similar condition in family	Yes / No	Relatives with other neurological condition/ congenital malformations?	
History of febrile seizures?	Yes/ no	Age of onset of febrile seizures if present		Describe febrile seizures if present: • Focal/ generalized • duration • degree of fever • frequency • neurological deficit			

**For females:**

Menarche age		Regularity	Regular. Irregular	Contraception	OCP (combined or PG only)/Hormonal injections / IUD Others / None	Age of menopause	
Number of previous pregnancies		Number of previous pregnancies on AED		<b>Previous Deliveries</b>  <b>Each one :</b> <b>1<sup>st</sup> pregnancy outcome</b> <b>2<sup>nd</sup> pregnancy outcome</b> <b>3<sup>rd</sup> pregnancy outcome</b>	<b>*Mode:</b> NVD /CS No/ yes <b>*Outcome:</b> Full term /Preterm/ IUFD/still birth/ abortion week/ congenital malformation <b>*Anesthesia:</b> General/ spinal/ inhalation/ None <b>*AED:</b> type/ doses <b>*Frequency</b> per month	Complications during delivery <b>Each one</b>	Seizures yes/No when? <b>Specify</b> Perinatal deaths No/ Yes NICU: Yes/ No
Are you seeking pregnancy?	Yes/ no	Drug for fertility	No/ yes specify	<b>Are you Currently Pregnant</b>	No/ yes <b>Which week?</b> Accidental / planned?	Lactating	Yes / no Type: breastfeeding/ artificial/ combined/ undetermined
Seizure freedom before current pregnancy		Started Folic acid	No/ yes When? Dose?	Change in AED	No/ yes <b>specify</b>	3d U/S	
Abortions	No/Yes number?	Previous Compliance on AED		Catamania Epilepsy	No/ yes <b>Specify pattern</b>		

## Seizure History

Age of Onset:		Mode of onset	Focal Onset/ Generalized/ Unknown	Classification:	Focal aware Focal impaired awareness Focal to bilateral tonic-clonic Generalized	Focal motor onset	Automatism/ Hyperkinetic/ Tonic / Clonic / Myoclonic / Atonic / Epileptic spasm
Focal Non-motor (Aura) (may chose more than one choice)	1.Autonomic (CVS/ GIT/ GNU/ CUT/ RESP) 2.Behavioral arrest Psychic phenomena (déjà vu or jamais vu, depersonalization, derealization), 3.Emotional:Fear or anxiety, dissociation) 4.Cognitive 5.Somatosensory (sensory, elementary, Olfactory gustatory Visual, Auditory)	Generalized motor onset (may chose more than one choice)	<ul style="list-style-type: none"> <li>• TCS</li> <li>• Tonic</li> <li>• Clonic</li> <li>• Myoclonic</li> <li>• Atonic</li> <li>• Epileptic spasm</li> </ul>	Generalized non-motor onset (may chose more than one choice)	Typical Atypica Myoclonic Eyelid myoclonia	Semiology (symptoms during the seizure)	
Associated features	Rolling eyes Tongue biting Frothing Incontinence Cyanosis Self trauma , specify?	Is the order of symptom appearance known?	Yes/ no	Duration of the seizure		Number of seizure types	Single / multiple
Post ictal:	Lateralizing:specify Nose whipping Cough	Trigger type:	<u>Reflexive:</u> <u>Special Stimulus:</u>	<u>Circadian Rhythm</u>	Diurnal During sleep only	<u>Tendency to cluster</u>	Yes/ no

	Immobile limb (Todd's paresis) Facial asymm, speech preservation Aphasia Vomiting Crying Drowsiness Amnesia Impaired cognition Headache Psychosis Others specify:		Photic(Light flashes, TV Computer Video games) Sound Tactile Hyperventilation Sleep Deprivation Emotional Stress Physical stress Fever illness Menses Drugs Others None		Both On awakening		
Are these events considered genuine?	Yes No <b>Pseudo</b> (Suspected/Proven) Combined	Frequency per month at the onset before AED		Frequency per month after AED		Longest seizure free period	

### Status Epileptics History:

History of prolonged seizures > 5min	yes / no	Was the patient admitted to hospital	yes / no	What type of seizure	Convulsive/ nonconvulsive	What precipitated SE	
Seizures were controlled on: 1 <sup>st</sup> line 2 <sup>nd</sup> line 3 <sup>rd</sup> line		Specify AED on discharge		Duration of hospital stay		Patient required intubation	

## Etiology

Etiology	Idiopathic (genetic) Structural Metabolic Immune Infection Unknown	Structural (past history)	Perinatal Post traumatic Post infection Cystic lesion Cerebral infarction AV malformation Tumors tuberous sclerosis Cortical dysplasia Hippocampal sclerosis Neurodegenerative others	Age at Onset of brain lesion		Duration between brain lesion and onset of seizures	
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## Current visit data Follow up

The duration since last visit?		Was there seizures since the last visit	Yes/ No	If yes, what are their frequency per month	/month	Is the patient compliant on AED	
Is it the same seizure type		Identified triggering factors	Missed doses Hyperventilation Sleep Deprivation Emotional Stress Physical stress Fever illness Menses Drugs Others None	Will AED be modified? specify	Yes / no		

## AED

Current AED	CBZ VPA PHT LVT LMT LCS TPM CLZ PB	Drug formulation	Brand Generic Do not know Extended	Dose mg		Effectiveness	No Mild Moderate Marked Undetermined	Side effect Specify	

## Labs

Date:.....							
Type	CBC	LFT	KFT	Ca	Mg	Blood sugar	Others

## EEG: type , location, video,provocation, interictal (Upload Report)

Date:..... .....		Scalp EEG	<ul style="list-style-type: none"> <li>• Done and report available</li> <li>• Done but no report available</li> <li>• Not done</li> </ul>	Type of study	<b>Routine</b> <b>Long term</b> <b>Video EEG</b> <b>Other</b>	Results	Normal Abnormal
Details		Reason	Research Non- epileptic vs epileptic event Classification of epileptic event Others	Source of EEG	Outpatient EEG lab Inpatient epilepsy monitoring unit ICU Ambulatory	Behavioral state recorded	Awake Sleep Awake and sleep Unresponsive Undetermined Others

					Others Do not know		
Provocative measures	Drowsiness Sleep Hyperventilation Photic stimulation Drug withdrawal Others	Posterior dominant rhythm present	Yes / no	Frequency of PDR during relaxed wakefulness		Total number of seizures during EEG	
Interictal abnormalities		Interictal Discharge location	Localized focal Localized lobar Hemispherical Generalized Non localized Others Undetermined	Localized side	Right Left	Localized lobe	Frontal temporal Parietal Occipital Other Undetermined
Interictal Circumstances	Awake Drowsy Sleep Hyperventilation Photic stimulation Other Undetermined	Interictal frequency	/10 sec Frequent Occasional Rare Undetermined	Interictal special pattern	Triphasic PLED BiPLED Burst suppression Near suppression Complete suppression Other Undetermined	Comment	
Ictal abnormalities	Yes No Undetermined	Are ictal features the same for all seizures	Yes No Undetermined	Ictal onset location on EEG	Localized focal Localized lobar Hemispherical Generalized Non localized Others	Localized side	Right Left

Ictal onset pattern	Genenralised tonic clonic Diffuse fast rhythm Diffuse attenuation Rhythmic Paroxysmal discharge-sharp waves Paroxysmal discharge-spike waves Paroxysmal discharge-polyspike waves Paroxysmal discharge-others Others Undetermined	Ictal onset with	Sleep Drowsiness Hyperventilation Photoc stimulation Others	Focal slowing	Yes No	Generalise d slowing	Yes no
EEG slowing	None Persistent Transient Postictal Others undetermined	Location	Localized focal Localized lobar Hemispherical Generalized Non localized Others	Side	Right Left	Localized lobe	Frontal temporal Parietal Occipital Other Undetermined
Attenuation	None Focal generalized others						



## Imaging (Upload Report)

Date scan performed		Sequences	Standard MRI imaging MRI epilepsy protocol ASL, Pet , Spect MRI with contrast Others:	Contrast enhancement	Yes / no		
Results	Normal Abnormal Incidental finding not related to epilepsy Not known	Final impression	Mesial temporal sclerosis Malformation of Cortical development (MCD) Vascular abnormalities Neoplasm Inflammatory Infection Atrophy Others Undetermined	Details Specify		Lateralization	Not available Left Right Unknown
Distribution	Unifocal Multifocal multiloba Hemispheric Diffuse Other unknown	Location cortical	Frontal-dorsolateral Frontal-mesial Frontal-polar Orbito-frontal Temporal-lateral Temporal-mesial Temporal-polar	Location subcortical	Basal ganglia Thalamus Periventricular Grey-white junction White matter Callosal Others Undetermined	Features	Agenesis Atrophy Cortical thinning Dysgenesis Cystic Encephalomalacia

			Parietal-dorsolateral Parietal-mesial Occipital-basal Occipital-mesial Occipital-lateral Insular Others Undefined				Migration abnormality Hypertrophy Hyperplasia Hypoplasia Decreased white matter distinction Malformations Others Undetermined
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### Neuropsychological Tests Scores

Date:.....		Type of Test		Score			

### Surgical procedure performed

Date:.....		Type of procedure	Anterior temporal lobectomy Amygdalahippocampectomy Estratemporal resection Hemispherectomy Lesionectomy Multilopar resection Multiple subpial resection Corpus callosotomy gamma knife radiosurgery, deep brain stimulation, vagus nerve stimulation, trigeminal nerve stimulation others unknown	Side	Right Left Bilateral Dominant Non-dominant Others Undetermined	Intraoperative EcoG	Pre-resection Post-resection none Unknown
Pathology							

## Impression

Diagnosis	Epilepsy Non-epileptic seizures Psychogenic NES	2017 classification	Focal aware motor Focal unaware non-motor Focal impaired awareness motor Focal impaired awareness non-motor Generalized motor Generalized non motor	Age of onset	Neonatal Infancy Childhood Adolescence Adult Elderly	Etiology	Idiopathic (genetic) Structural Metabolic Immune Infection Unknown
Epilepsy syndrome		Final diagnosis		Comments		Counselling on	1 <sup>st</sup> aid Precautions Restrictions Medications Preganacy Contraception Sexual life Psychological issues SUDEP AED side effects