Title: Development and Clinical Evaluation of an AI-Driven Mobile Application for Monitoring seizures.

To be included in the application:

1. **To be filled once upon registration:**

   a. *Patient demographics*

   or just name first name last name? how should i store it age or dob
   - **Name** -> *input manually*
   - **Age** (Years) → Input manually (or calendar for birth date)
   - **Gender** (Male/Female/Other) → Dropdown menu

   only 3 types?
   - **Type of epilepsy**: drop down menu : Focal, generalized, unknown

   c quoi option ediT?
   b. *Current medication (on doit avoir l'option de l'edit)*

   i need the full list
   - **Current Medication (prescription)** → Search (liste de tous les médicaments possibles)
     o Must be a list of meds in case the patient uses many

   how does this work
   - **Menstrual Cycle Status** (Dropdown menu): By month

   if regular: dates should be given?
   how can we change this each month
     o Regular
     o Irregular
     o Pregnancy (should reset after 9 months)
     o Menopause

   - **Current Dose** → spécifiée dans la liste des médicaments, donc on peut l'enlever (pills)
   - **Frequency of Medication** → Dropdown menu (e.g., Daily, Twice a day, As needed, etc.) decimal (number of pills per day)

2. **To be filled daily:**

   a. *Sleep & Fatigue (or API)*
   - **Sleep time** (time of sleeping) → Input manually
   - **Wake time** (time of waking up) → Input manually
   - ==**Sleep quality** (scale 0-10) → Self-reported (linéaire avec un accent sur le 5 pour la prendre comme référence)==
   - **Daytime fatigue** (scale 0-10) → Self-reported
   - **Nap** → Yes or No (is it included in the sleep tracker API ??)
     il faut qu'il y ait un (+) dedans
     o **Sleep time** (time of sleeping) → Input manually
     o **Wake time** (time of waking up) → Input manually
     o **Sleep quality** (scale 0-10) → Self-reported

   b. *Medication Adherence*
   - **Medication taken on time** (Yes/No) → Self-reported
   - as needed medication (PRM)
     a. If yes how many pills?
     b. If no PRM meds, must be grey

   -
   how does this work

- **Missed doses** (Number of pills missed) → Self-reported (decimal)
  a. From which medication? (must show the list of his current medications, not all of the meds)

c. *Mental health*
- **Stress level** (scale 0-10) → Self-reported (0 being the lowest level of stress, 10 the highest level)
- **Mood level** (scale 0-10) → Self-reported (0 being severely depressed, 10 being very high)
- **Significant Emotional Event Today** (Yes/No) → Self-reported
  o **Severity of the event** → Scale from 0 to 10 (0 = No stress, 10 = Extremely stressful) → Self-reported

d. *Alcohol and substance use*
- **Alcohol consumption** (Yes/No + quantity if Yes) → Self-reported (Glasses / Shots)
  a. **+ liste es types d'alcools**
  b. **Cocktail / mix**
- **Smoking/Nicotine use** (Yes/No + quantity per day) → Self-reported
  a. **Plusieurs options: cigarettes, vape, cigare, …**
- **Narguileh** (Yes/No + quantity per day) → Self-reported
- **Caffeine use** (including coffee, tea) (Yes/No + quantity per day) → Self-reported
  a. Unit: cups
  b. Options: tea, coffee
- **Energy drinks** (Yes/No + quantity if Yes) → Self-reported
  a. Options (dropdown)
- **Recreational drug use** (**Free Text)** (Yes/No + type of drug + quantity per day) → Self-reported

e. *Food and diet*
  c. **Meal Frequency** (Number of meals per day) → Numeric Integer
  d. **Amount of Water Intake** (Liters per day) → Input manually, Decimal in liters
f. *Physical activity*
- **Did you exercise today?** (Yes/No) → Self-reported
- **If yes, type of activity** (Walking, Running, Gym, Swimming, Other) → Dropdown menu
- **Duration of exercise** (Minutes) → Input manually   - Integer
  e. **Intensity level** (Low, Moderate, High) → Self-reported
g. *Menstrual cycle (For Female Patients)*
   Period? (yes / No)

3. **Main measure**

a. *Seizure Tracking*
   f. **Seizure occurrence** (Yes/No) → Self-reported (appears upon opening the app. The rubric must appear very well)
   g. **Seizure type** (Dropdown menu: Focal, Generalized, Absence, Myoclonic, etc.)
   h. **Seizure duration** (Seconds/minutes) → Self-reported
   i. **Aura symptoms** (Yes/No) ?
   j. **Postictal symptoms** (Fatigue, confusion, headache, other) → Checkboxes