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:**
2. *Patient demographics*

* **Age** (Years) → Input manually Date de naissance calendar
* **Gender** (Male/Female/Other) → Dropdown menu
* **Type of epilepsy**: drop down menu : Focal, generalized, unknown

1. *Current medication*

* **Name of Medication++++++++** → Input manually Search +la dose
* **Frequency of Medication** (bas tetghayar lezim bel database ybayin a timestamp)→ Dropdown menu (e.g., Daily, Twice a day, As needed, etc.) waiting for the doctors to

1. **To be filled daily:**
2. *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
* **Daytime fatigue** (scale 0-10) → Self-reported
* **Nap ++++++++++++🡪** Yes or No
  + **Sleep time** (time of sleeping) → Input manually
  + **Wake time** (time of waking up) → Input manually
  + **Sleep quality** (scale 0-10) → Self-reported

1. *Medication Adherence*

* **Medication taken on time** (Yes/No) → Self-reported
* **If he took an as needed medication (yes/no and how much) PRM**
* **Missed doses** +++++++++(Number of doses missed) → Self-reported

1. *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
  + **Severity of the event** → Scale from 0 to 10 (0 = No stress, 10 = Extremely stressful) → Self-reported

1. *Alcohol and substance use*

* **Alcohol consumption** (Yes/No + quantity if Yes) → Self-reported +type
* **Smoking/Nicotine use** (Yes/No + quantity per day) → Self-reported icos vape cigar cigarette
* **Narguileh** (Yes/No + quantity per day) → Self-reported
* **Caffeine use** (including coffee, tea) (Yes/No + quantity per day) → Self-reported
* **Energy drinks** (Yes/No + quantity if Yes) → Self-reported
* **Recreational drug use** (Yes/No + type of drug + quantity per day) → Self-reported

1. *Food and diet*
2. **Meal Frequency** (Number of meals per day) → Dropdown menu (1, 2, 3, 4, etc.)
3. **Amount of Water Intake** (Liters per day) → Input manually
4. *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

1. **Intensity level** (Low, Moderate, High) → Self-reported
2. *Menstrual cycle (For Female Patients)*
3. **Menstrual Cycle Status** (Dropdown menu):
   1. Regular
   2. Irregular
   3. Pregnancy
   4. Menopause
4. **Start Date** → Input manually
5. **End Date** → Input manually
6. **Main measure**
7. *Seizure Tracking*
8. **Seizure occurrence** (Yes/No) → Self-reported
9. **Seizure type** (Dropdown menu: Focal, Generalized, Absence, Myoclonic, etc.)
10. **Seizure duration** (Seconds/minutes) → Self-reported
11. **Aura symptoms** (Yes/No) ?
12. **Postictal symptoms** (Fatigue, confusion, headache, other) → Checkboxes