

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 your 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): _____