

Me and Epilepsy

Thank you for coming to clinic/ hospital today. We would like to know how you are and we would like you to tell us about anything that you are worried about. This will help us look after you better. If you need any help, ask the person you are with today or someone from the Epilepsy Team.

Please tell us who is completing this form:

- Parent/guardian in discussion with my child (recommended 7-11 years)
- On my own about my epilepsy (recommended 11 years and over)



My name is _____ **I am** _____ **years old**

Today's date is: _____

I have come to hospital today with: _____

My hobbies are/ things that make me happy are: _____

These are some things that could be a worry or problem:	How often might this be a worry/ problem for you? Please tick ✓ the box			
	Never 	Sometimes 	Often 	Almost always
Family				
Friends / Friendships				
School / School work				
Memory, attention and/or concentration				
Feeling sad				
Feeling worried /anxious				
Feeling angry				
Sleep				
My behaviour (e.g. getting into trouble, getting told off)				
Coming to clinic				
Taking medication for Epilepsy				
Having a seizure/fit				

Thank you for telling us about any worries or problems. Some children/young people tell us that Epilepsy can make worries /problems seem bigger.

Does Epilepsy make any of these worries/ problems bigger for you?

No

Yes

Please turn over the page



When your worries/ problems get bigger, what helps you?

Empty rectangular box for writing or drawing.

You can write or draw anything you want to talk about, ask or tell us today in clinic in the speech bubbles or box below. Please remember there are no right or wrong or silly questions. We like hearing from you.

Large empty rectangular box for writing or drawing.



Please give this back to the nurse or doctor so we can use it for today's appointment

PILOT QUESTION: Was this tool useful for your clinic appointment today? Yes No

Any other comments:

TEAM ACTION / ADDITIONAL COMMENTS/ ACTIONS:

No further action	<input type="checkbox"/>
Provided psychoeducation resources	<input type="checkbox"/>
Already open to paediatric psychology	<input type="checkbox"/>
Consent to consult with Paediatric Psychology	<input type="checkbox"/>
Declined team to consult with Paediatric Psychology	<input type="checkbox"/>
Already open to CAMHS	<input type="checkbox"/>
Already open to community paediatrics	<input type="checkbox"/>
Already accessing support via school counselling or other service (specify what service)	<input type="checkbox"/>
Refer to external support –specify where	<input type="checkbox"/>
Refer to CAMHS	<input type="checkbox"/>