

# Follow-Up Spell Questionnaire

Patient \_\_\_\_\_

Today's Date: \_\_\_\_\_

Since last visit:

Overall she/he is: **Because spells are:** **Details:**  
 Better  Gone  Fewer  Less severe  Shorter \_\_\_\_\_  
 The same  No change \_\_\_\_\_  
 Worse  Increased  Harder  Different  Longer \_\_\_\_\_

The last spell was: \_\_\_\_\_

The longest spell was: \_\_\_\_\_ minutes on \_\_\_\_\_ (mo/yr)

Medicines Prescribed by Dr. Siegler:  none  yes

Name of medicine	Dose	Date of Recent Dose Changes	Any Problems?	Details
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____

Any other medicines or supplements:  No  Yes:

\_\_\_\_\_  
\_\_\_\_\_

Any ER Visits for spells?  No  Yes: How many? \_\_\_\_\_ Why? \_\_\_\_\_

Recent hospital stay for spells?  No  Yes: How many? \_\_\_\_\_ Why? \_\_\_\_\_

Did you use rectal Diastat?  No  Yes: How many times? \_\_\_\_\_ Effect: \_\_\_\_\_

Did you use nasal midazolam?  No  Yes: How many times? \_\_\_\_\_ Effect: \_\_\_\_\_