

Seizure Severity Questionnaire

V2.2 (Baseline and Follow-Up Versions)

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The Seizure Severity Questionnaire (SSQ) is a facilitated interview during which a clinician reviews seizure attributes with the patient and an observer (someone who regularly observes the seizures). It is not designed for self-completion by the patient. The responses should be a composite agreement between the patient and observer, not the opinion of the clinician.

The SSQ should be completed before an intervention using the Baseline version. Thereafter, the SSQ may be completed as needed to assess change, using the Follow-Up version.

This document includes both Baseline and Follow-Up versions for use as needed.

The scoring algorithm is available from joyce.cramer@gmail.com

Please describe the MOST COMMON TYPE OF SEIZURE that you have had in the past 4 weeks. Include information from observers. _____

Consider only this type of seizure when answering questions.

(To be completed by the doctor)
 Seizure Classification Subtype (International Classification code): SPS ___ CPS ___ GTC ___

When answering the following questions, please mark or circle the number that best describes your feelings about each topic. For example, "Somewhat helpful", "Same", "Moderate"

BEFORE Seizures

- 1. Warning**
- A. Did you have a warning (aura) BEFORE this type of seizure (smell, feeling, sensation, etc.) in the past 4 weeks?**
- Yes No [If no, skip to question 2]

1A. If "yes", was the warning (aura) HELPFUL; for example, did it allow you to prepare for the seizure?

1	2	3	4	5	6	7
very helpful		somewhat helpful				no help

DURING Seizures

- 2. Did you have movements or actions DURING this type of seizure in the past 4 weeks (such as automatic movements, uncontrollable actions, falling, injury, tongue biting, wetting pants with urine, etc.)?**
- Yes No [If no, skip to question 3]

2A. If yes, how SEVERE (INTENSE) were the movements or actions overall?

1	2	3	4	5	6	7
very mild			moderate			very severe

2B. How BOTHERSOME (interfere with your life) were the movements or actions overall?

1	2	3	4	5	6	7
no bother at all			moderate			very bothersome

- 3. Did you have ONLY altered consciousness (blank-out) or sensations (no movements or actions) with this type of seizure in the past 4 weeks?**
 (Answer "yes" only if question 2 was answered "no")
- Yes No [If no, skip to question 4]

3A. If yes, how BOTHERSOME (interfere with your life) were these periods of altered consciousness?

1	2	3	4	5	6	7
no bother at all			moderate			very bothersome

Please describe the severity and bothersomeness of the type of seizure that you had most commonly before starting the new medication. Answer the questions based on your experiences in the past 4 weeks. Include information from people who observed your seizures.
 If you had NO seizures in the past 4 weeks, check here and stop:
 If you now have a DIFFERENT TYPE of seizure, check here and proceed:

To be completed by the doctor: Code Seizure Classification Subtype (International Classification code):
 SPS __ __ CPS __ __ GTC __

When answering the following questions, please mark or circle the number that best describes your feelings about each topic. For example, "Somewhat helpful", "Same", Moderate"

BEFORE Seizures

1. Warning

A. Did you have a warning (aura) BEFORE this type of seizure (smell, feeling, sensation, etc.) in the past 4 weeks?

Yes No [If no, skip to question 1B]

1A. If "yes", was the warning (aura) HELPFUL; for example, did it allow you to prepare for the seizure?

1 2 3 4 5 6 7
 very helpful somewhat helpful no help

1B. Has there been any CHANGE in the helpfulness of the warning since starting the new medication?

0 1 2 3 4 5 6 7
 more helpful same less helpful

(0=never had warning with these seizures)

DURING Seizures

2. Did you have movements or actions DURING this type of seizure in the past 4 weeks (such as automatic movements, uncontrollable actions, falling, injury, tongue biting, wetting pants with urine, etc.)?

Yes No [If no, skip to question 2C]

2A. If yes, how SEVERE (INTENSE) were the movements or actions overall?

1 2 3 4 5 6 7
 very mild moderate very severe

2B. How BOTHERSOME (interfere with your life) were the movements or actions overall?

1 2 3 4 5 6 7
 no bother at all moderate very bothersome

2C. Has there been any CHANGE in the movements or actions since starting the new medication?

0 1 2 3 4 5 6 7
 much milder same much stronger

(0= never had movements or actions with these seizures)

3. Did you have ONLY altered consciousness (blank-out) or sensations (no movements or actions) with this type of seizure in the past 4 weeks?

(Answer “yes” only if question 2 was answered “no”)

Yes **No** [If no, skip to question 3B]

3A. If yes, how BOTHERSOME (interfere with your life) were these periods of altered consciousness?

1 2 3 4 5 6 7
 no bother at all moderate very bothersome

3B. Has there been any CHANGE in these periods of altered consciousness since starting the new medication?

0 1 2 3 4 5 6 7
 much milder same much stronger

(0= never had periods of altered consciousness)

AFTER seizures

4. Did it take a while to recover (get back to normal) AFTER this type of seizure in the past 4 weeks?

Yes **No, I recovered immediately from my seizures.** [If no, skip to question 8]

4A. Has there been any CHANGE in amount of time it takes to recover from this type of seizure since starting the new medication?

0 1 2 3 4 5 6 7
 much faster same much slower

(0=never took time to recover from these seizures)

5. Did you have Cognitive Effects (confusion, loss of memory or speech, walk or talk without purpose, etc.) AFTER seizures in the past 4 weeks?

 Yes **No** [If no, skip to question 5D]

5A. If yes, how OFTEN did you have Cognitive Effects AFTER seizures?

1 2 3 4 5 6 7
 never sometimes always

5B. How SEVERE (INTENSE) were the Cognitive Effects AFTER seizures?

1 2 3 4 5 6 7
 very mild moderate very severe

5C. How BOTHERSOME were the Cognitive Effects AFTER seizures?

1 2 3 4 5 6 7
 no bother at all moderate very bothersome

5D. Has there been any CHANGE in Cognitive Effects since starting the new medication?

0 1 2 3 4 5 6 7
 much milder same much more severe

(0=never had cognitive effects with these seizures)

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6. Did you have Emotional Effects (depression, anxiety, anger, etc.) AFTER seizures in the past 4 weeks?

Yes No [If no, skip to question 6D]

6A. If yes, how OFTEN did you have Emotional Effects AFTER seizures?

1 2 3 4 5 6 7
never sometimes always

6B. How SEVERE (INTENSE) were the Emotional Effects AFTER seizures?

1 2 3 4 5 6 7
very mild moderate very severe

6C. How BOTHERSOME were the Emotional Effects AFTER seizures?

1 2 3 4 5 6 7
no bother at all moderate very bothersome

6D. Has there been any CHANGE in Emotional Effects since starting the new medication?

0 1 2 3 4 5 6 7
much milder same much more severe

(0=never had emotional effects with these seizures)

7. Did you have Physical Effects (sleepy, tired, weak, sore muscles, headache) AFTER seizures in the past 4 weeks?

Yes No [If no, skip to question 7D]

7A. If yes, how OFTEN did you have Physical Effects AFTER seizures?

1 2 3 4 5 6 7
never sometimes always

7B. How SEVERE (INTENSE) were the Physical Effects AFTER seizures?

1 2 3 4 5 6 7
very mild moderate very severe

7C. How BOTHERSOME were the Physical Effects AFTER seizures?

1 2 3 4 5 6 7
no bother at all moderate very bothersome

7D. Has there been any CHANGE in Physical Effects since starting the new medication?

0 1 2 3 4 5 6 7
much milder same much more severe

(0=never had physical effects with these seizures)

