Today's Date: ___________ / _______ /________ 

Name: ___________________________________

The Seizure Severity Questionnaire (SSQ) is a review of various aspects of seizures. The person who has seizures may ask people who have observed the seizures (family, friends) to help answer some of the questions asking about events, but not about feelings. Only the person who has seizures knows how it feels.

There are 11 questions in three sections asking about events before, during, and after typical seizures. Please describe the MOST COMMON TYPE OF SEIZURE when answering the questions. If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation on the side of the page. These notes may be useful if you discuss the SSQ with your doctor. Completing the SSQ before and after treatment changes may help you and your doctor understand how the changes have affected your life.

This copy of the SSQ is provided by www.epilepsy.com, your source for epilepsy information. We wish you success in living your life with epilepsy!

When answering the following questions, please mark or circle the number that best describes your feelings about each topic for your most common type of seizure. For example, “Somewhat helpful”.

B E F O R E  S E I Z U R E S  most common type

1. 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

D U R I N G  S E I Z U R E S  most common type

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
When answering the following questions, please mark or circle the number that best describes your feelings about each topic for your most common type of seizure. For example, “Sometimes”

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?  
☐ 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

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]

5. Did you have Cognitive Effects (confusion, loss of memory or speech, walk or talk without purpose, etc.) AFTER seizures?  
☐ ☐ Yes  ☐ No  [If no, skip to question 6]

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

6. Did you have Emotional Effects (depression, anxiety, anger, etc.) AFTER seizures?  
☐ ☐ Yes  ☐ No  [If no, skip to question 7]

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
When answering the following questions, please mark or circle the number that best describes your feelings about each topic for your most common type of seizure. For example, “Moderate”

7. Did you have Physical Effects (sleepy, tired, weak, sore muscles, headache) AFTER seizures?
   □  □ Yes  □ No  [If no, skip to question 8]

7A. If yes, how OFTEN did you have Physical Effects AFTER seizures?
   1  2  3  □  5  6  7
   never  sometimes  always

7B. How SEVERE (INTENSE) were the Physical Effects AFTER seizures?
   1  2  3  □  5  6  7
   very mild  moderate  very severe

7C. How BOTHERSOME were the Physical Effects AFTER seizures?
   1  2  3  □  5  6  7
   no bother at all  moderate  very bothersome

OVERALL ASSESSMENT
Include your feeling about all types of seizures you have had recently.

8. How SEVERE (INTENSE) were your seizures overall in the past 4 weeks?
   1  2  3  □  5  6  7
   very mild  moderate  very severe

9. How BOTHERSOME (interfere with your life) were your seizures overall in the past 4 weeks?
   1  2  3  □  5  6  7
   no bother at all  moderate  very bothersome

10. What is most bothersome about your seizures overall (mark only one):
    □ Warning (aura) before the seizure
    □ Activities during the seizure
    □ Recovery after the seizure

Answer question 11 only after a change in seizure treatment:

11. How have your seizures changed in severity or bothersomeness since changing seizure treatment? (circle one number)
    much worse  no change  much better
    -7  -6  -5  -4  -3  -2  -1  0  +1  +2  +3  +4  +5  +6  +7

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