The questions in this section are about any services you have used or the costs you have had to meet <u>over the past three months</u> because of your condition (including the attacks, and/or any associated injuries and/or any treatment side-effects) or because of other health reasons. Even if you have been free of attacks or treatment side-effects, please answer these questions:

Over the past three months, have you done any of the following because of your condition

or other health reasons? If yes, please tell us the number of times. (Please be sure to answer either 'yes' or 'no' to every item). a) Been to a hospital casualty department? Yes, because of my condition ...........1 → Please write in no. times ... Yes, because of other health reasons...2 → Please write in no. times... No ......3 b) Been seen by a practice nurse at the GP's surgery? Yes, because of my condition ...........1 → Please write in no. times ... Yes, because of other health reasons...2 — Please write in no. times... No ......3 Been seen by the family doctor or another GP at the surgery? Yes, because of other health reasons...2 — Please write in no. times... No ......3 d) Been seen by a nurse at home (including epilepsy specialist nurse)? Yes, because of other health reasons...2 — Please write in no. times... No ......3 e) Been seen by the family doctor or another GP at home? Yes, because of my condition ...........1 → Please write in no. times ... Yes, because of other health reasons...2 — Please write in no. times... No ......3 Been seen by a nurse/epilepsy specialist nurse at the hospital/clinic outpatient department (including follow-up visits for the SANAD-II study and excluding the times you went there for tests/investigations)? Yes, because of my condition ..........1 —→ Please write in no. times Yes, because of other health reasons...2 — Please write in no. times... No ......3

g) Been seen by a doctor at the hospital/clinic outpatient department (in follow-up visits for the SANAD-II study and excluding the times you went to tests/investigations)?	•
Yes, because of my condition1 → Please write in no. times	
Yes, because of other health reasons2 — → Please write in no. times	
No3	
h) Been admitted to hospital overnight as in-patient?	
Yes, because of my condition1 → Please write in no. nights	
Yes, because of other health reasons2 — Please write in no. nights.	
No3	
i) Done something different from these?	
Yes, because of their condition1	
Please write in what you have done	
and no. times	
Yes, because of other health reasons2	
Please write in what you have done	
and no. times	
No3	
2. Did you make any use of the ambulance service on any of the occasions you have told us about above?	Please ring all that
Yes, because of my condition1	apply and answer
Yes, because of other health reasons2	a) and/or b) as appropriate
No3	Go to Q13
<ul> <li>a) If you made use of the ambulance service because of your cor</li> </ul>	ndition,
Please write in the number of occasions	
b) If you made use of the ambulance service because of other he	alth reasons,
Please write in the number of occasions	

3. <b>During the past three months</b> , has your GP referred you for any of the tests or investigations listed below, because of your <b>condition</b> or <b>other health reasons? If yes</b> , please tell us the number of times. ( <i>Please be sure to answer either 'yes' or 'no' to every item</i> ).
a) Blood tests?
Yes, because of my condition1 → Please write in no. times
Yes, because of other health reasons2 —→ Please write in no. times
No 3
b) Urine tests?
Yes, because of my condition1 → Please write in no. times
Yes, because of other health reasons2
No 3
c) Ultrasound?
Yes, because of my condition1 → Please write in no. times
Yes, because of other health reasons2
No 3
d) X-ray?
Yes, because of my condition1 → Please write in no. times
Yes, because of other health reasons2 —→ Please write in no. times
No3
e) Other? Yes, because of their condition
and no. times Yes, because of other health reasons2
and no. times No

4.	Over the past three months, have you seen any of the following people through social services or the NHS because of your condition or because of other health reasons? If yes, please tell us the number of times. ( <i>Please be sure to answer either 'yes' or 'no' to every item</i> ).
a)	A health visitor?
	Yes, because of my condition
	Yes, because of other health reasons2 —→ Please write in no. times
b)	No3 A social worker?
۵,	
	Yes, because of my condition
	Yes, because of other health reasons2 —→ Please write in no. times
	No3
c)	A physiotherapist?
	Yes, because of my condition1 → Please write in no. times
	Yes, because of other health reasons2 — Please write in no. times
	No3
d)	An occupational therapist?
	Yes, because of my condition1 → Please write in no. times
	Yes, because of other health reasons2 — Please write in no. times
	No3
e)	A psychologist?
	Yes, because of my condition
	Yes, because of other health reasons2 → Please write in no. times
	No3
f)	A counsellor?
	Yes, because of my condition1 → Please write in no. times
	Yes, because of other health reasons2 — Please write in no. times
	No3
	Some other person? es, because of my condition1
ar	nd no. times
Pl	Yes, because of other health reasons2ease write in who
ar	nd no. times
	No3

5. **Over the past three months**, have you taken any medicines/tablets (either prescribed or bought over the counter), **apart from your antiepileptic medications**?

Yes1	Answer a)
No2	Go to Q28

If yes, a) Please provide as much information as you can in the box below about each of the medicines/tablets you have taken. (Even if you can't remember exactly how many days or times you have taken them, please can you estimate it for us).

Please give the name(s) of the medicine(s)/tablets.  (Brand name where available)	Was it prescribed by a doctor?  (Please write 'yes' or 'no')	Did you buy the medicine/tablets over the counter? (Please write 'yes' or 'no')	What is the strength of the medicine/tablets (e.g. 200mg)?	How many tablets (or volume of liquid) were supplied?