

The questions in this section are about any services you have used or the costs you have had to meet over the past three months 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:

CONFIDENTIAL

1. **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

c) **Been seen by the family doctor or another GP at the 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

d) **Been seen by a nurse at home (including epilepsy specialist nurse)?**

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

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

f) **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** (*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

h) **Been admitted to hospital overnight as in-patient?**

Yes, because of my condition .....1 → *Please write in no. nights*

Yes, because of other health reasons...2 → *Please write in no. nights..*

No .....3

i) **Done something different from these?**

Yes, because of their condition .....1

*Please write in what you have done*

.....

*and no. times*

Yes, because of other health reasons...2

*Please write in what you have done*

.....

*and no. times*

No .....3

2. Did you make any use of the ambulance service on any of the occasions you have told us about above?

Yes, because of my condition ..... 1

Yes, because of other health reasons ..... 2

No ..... 3

**Please ring all that apply and answer a) and/or b) as appropriate**

**Go to Q13**

**a) If you made use of the ambulance service because of your condition,**

*Please write in the number of occasions*

**b) If you made use of the ambulance service because of other health reasons,**

*Please write in the number of occasions*

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3. **During the past three months**, has your GP referred you for any of the tests or investigations listed below, 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) **Blood tests?**

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) **Urine tests?**

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

c) **Ultrasound?**

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

d) **X-ray?**

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

e) **Other?**

Yes, because of their condition ..... 1 .....

*Please write in what tests/investigations*  
.....  
and no. times

Yes, because of other health reasons .....2 .....

*Please write in what tests/investigations*  
.....  
and no. times

No .....3

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. (*Please be sure to answer either 'yes' or 'no' to every item*).

a) **A health visitor?**

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) **A social worker?**

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

c) **A physiotherapist?**

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

d) **An occupational therapist?**

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

e) **A psychologist?**

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

f) **A counsellor?**

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) **Some other person?**

Yes, because of my condition .....1 .....

*Please write in who* .....

.....  
.....  
.....

and no. times .....

Yes, because of other health reasons.....2 .....

*Please write in who* .....

.....  
.....  
.....

and no. times .....

No .....3

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

