



EIGHT QUICK QUESTIONS TO HELP US BUILD A TREATMENT PLAN TOGETHER

To the patient: As you fill this out, remember that there are no right or wrong responses. **Be sure to discuss your answers with your doctor.** This questionnaire is designed to work as a PDF or a printout.

Circle or select one answer for each question.

1 With the right treatment plan, I could become seizure-free.

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

2 If side effects bother me, I will let my doctor know.

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

3 A seizure can still happen even when treatment has been working.

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

Circle or select one answer for each question.

4 I have a schedule that rarely changes.

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

5 I'm facing major life events (such as changes to relationships, moving, a new job).

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

6 I have physical or emotional stress in my daily life.

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

Circle or select one answer.

7 I have sometimes missed doses or been late taking my medications.

Strongly agree. Agree. Don't know. Disagree. Strongly disagree.

Circle or select all that apply.

8 Some of these obstacles could get in the way of my treatment.

I'm a caregiver.	I'm a single parent.	My job is stressful.	I'm in school.	I recently moved.
I don't always eat well.	I play video games.	I sometimes miss doses.	I take other medications.	I don't get enough sleep.
I watch a lot of TV or movies.	I have difficulty paying for my medication(s).	I drink alcohol or take other recreational drugs.	I have other physical or mental health issues.	I have a busy or irregular schedule.

Other: _____

Thank you for your responses. Be sure to share your answers with your doctor.

This information can help you plan your treatment together.

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