

Zone No.	Ward No.	PHC No.	Cluster No.	Household ID No.	Subject No.

Enrollment Visit Questionnaire 1

PERSONAL IMPACT OF EPILEPSY SCALE (PIES)

Name: _____ MedRec: _____ Date: ____ / ____ / 20__



INSTRUCTIONS: This questionnaire asks about your seizures, medication, and other problems related to epilepsy in the past 3 months. Answer each question by circling the appropriate number (1, 2, 3, 4, or 5). If you are not sure about how to answer a question, please give the best answer you can. You may write a comment in the open spaces.

PART A: Circle one number for each question about your seizures.




1. How long ago was your last seizure <u>of any kind</u> ?	1-7 days	7-31 days	1-3 months	3-12 months	More than 1 year
<i>If you have not had any seizures for more than 1 year, circle 5 and skip to question #10</i>	1	2	3	4	5
2. How long ago was your last <u>most severe type</u> of seizure?	1-7 days	7-31 days	1-3 months	3-12 months	More than 1 year
	1	2	3	4	5
3. In the past 3 months, how <u>severe (intense)</u> have your seizures been overall?	Very Much		Moderate Amount		Not at all
	1	2	3	4	5
4. In the past 3 months, how often did you have seizures with <u>loss of memory or awareness</u> ?	Very Often		Sometimes		Never
	1	2	3	4	5
5. In the past 3 months, how <u>bothersome</u> were your seizures?	Very Much		Moderate Amount		Not at all
	1	2	3	4	5
6. In the past 3 months, how often did you have a useful <u>warning</u> before your seizures?	Never		Sometimes		Very often
	1	2	3	4	5
7. In the past 3 months, how <u>bothersome</u> were the effects <u>after</u> seizures?	Very Much		Moderate Amount		Not at all
	1	2	3	4	5
8. In the past 3 months, how often did seizures cause <u>injury</u> (such as head injury, broken bone, shoulder dislocation, chipped tooth, tongue or cheek bites, bad cuts, bruises or burns)?	Very Often		Sometimes		Never
	1	2	3	4	5
9. In the past 3 months, did you have a seizure lasting longer than 30 minutes or one seizure going directly to another for longer than 30 minutes?	Very Often		Sometimes		Never
	1	2	3	4	5

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PART B: Circle one number for each question <u>about your seizure medicines.</u>					
10. How many different types of <u>seizure-epilepsy medicines</u> are you currently taking NOW? <i>If you have not taken seizure medicines in the past 3 months, circle "0" and skip to question #17</i>	4 or more	3	2	1	0
11. In the past 3 months, how often did your seizure medicines cause <u>anger or aggression</u> ?	Very Often 1	2	Sometimes 3	4	Never 5
12. In the past 3 months, how often did your seizure medicines cause <u>confusion or memory problems</u> ?	Very Often 1	2	Sometimes 3	4	Never 5
13. In the past 3 months, how often did your seizure medicines cause <u>physical problems</u> (such as dizziness, double vision or stomach upset)?	Very Often 1	2	Sometimes 3	4	Never 5
14. In the past 3 months, how often did your seizure medicines cause you to be <u>tired or sleepy</u> ?	Very Often 1	2	Sometimes 3	4	Never 5
15. In the past 3 months, how often did your seizure medicines cause <u>disturbed sleep</u> ?	Very Often 1	2	Sometimes 3	4	Never 5
16. In the past 3 months, how often did your seizure medicines cause <u>headache</u> ?	Very Often 1	2	Sometimes 3	4	Never 5

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PART C: Circle one number for each question about your mood and social situation.					
		Very Much	Moderate Amount	Not at all	
17. In the past 3 months, did you feel <u>depressed</u> ?	1	2	3	4	5
18. In the past 3 months, did you feel <u>anxious</u> ?	1	2	3	4	5
19. In the past 3 months, did you have <u>problems with thinking or memory</u> ?	1	2	3	4	5
20. In the past 3 months, were you bothered by epilepsy, seizures or medication side effects causing <u>limitations with work or school</u> ?	1	2	3	4	5
21. In the past 3 months, have you been bothered by epilepsy, seizures, or medication side effects causing limitations on exercise, leisure activities or social activities with friends, family, others?	1	2	3	4	5
22. In the past 3 months, have you been bothered by epilepsy, seizures, or medication side effects causing <u>problems with transportation</u> ?	1	2	3	4	5
23. In the past 3 months, have you been <u>afraid</u> of having a seizure?	1	2	3	4	5
24. In the past 3 months, did you spend more than the usual amounts of <u>money</u> on medications or medical care?	1	2	3	4	5
25. Overall, how would you rate your <u>quality of life</u> during the past 3 months?	Very bad	OK	Excellent		
	1	2	3	4	5