

SEIZURE SEVERITY QUESTIONNAIRE:

Seizure Severity Questionnaire (SSQ), Version 3, © J. A. Cramer, 2003.

SSQ Version 3

Please describe the MOST COMMON TYPE OF SEIZURE that you have had in the past 4 weeks. Include information from observers. _____

When answering the following questions, please mark or circle the number that best describes your feelings about each topic. For example, "Somewhat helpful" 4

BEFORE Seizures; 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

DURING Seizures; 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

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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

AFTER seizures; most common type:

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

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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
never sometimes always

6C. How BOTHERSOME were the Emotional Effects AFTER seizures?

1 2 3 4 5 6 7
no bother at all moderate very bothersome

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 4 5 6 7
never sometimes always

7B. How SEVERE (INTENSE) were the Physical Effects AFTER seizures?

1 2 3 4 5 6 7
very mild moderate very severe

7C. How BOTHERSOME were the Physical Effects AFTER seizures?

1 2 3 4 5 6 7
no bother at all moderate very bothersome

