

SEIZURE SEVERITY QUESTIONNAIRE:

SSQ (Version 3)

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Today's Date: _____ / _____ / _____
mm dd yy

Name: _____

The Seizure Severity Questionnaire (SSQ) is a review of various aspects of seizures. The person who has seizures may ask people who have observed the seizures (family, friends) to help answer some of the questions asking about events, but not about feelings. Only the person who has seizures knows how it feels.

There are 11 questions in three sections asking about events before, during, and after typical seizures. Please describe the MOST COMMON TYPE OF SEIZURE when answering the questions. If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation on the side of the page. These notes may be useful if you discuss the SSQ with your doctor. Completing the SSQ before and after treatment changes may help you and your doctor understand how the changes have affected your life.

*This copy of the SSQ is provided by www.epilepsy.com, your source for epilepsy information.
We wish you success in living your life with epilepsy!*

When answering the following questions, please mark or circle the number that best describes your feelings about each topic for your most common type of seizure. 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

When answering the following questions, please mark or circle the number that best describes your feelings about each topic for your most common type of seizure. For example, "Sometimes" 4

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

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
very mild moderate very severe

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

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

