opics	Circle the answer	Where 'no', write your action plan/no
1. Tests and Investigations: Have you had		
The EEG test	yes/no	
The CT Scan	yes/no	
The MRI Scan	yes/no	
2. The Diagnosis: Are you clear about		
What epilepsy is	yes/no	
What your seizures are called	yes/no	
How to record your seizures	yes/no	
What the triggers for your seizures are	yes/no	
What others should do for you if you have a seizure	yes/no	
3. Your AEDs: Do you understand		
How AEDs (Anti-Epileptic Drugs) work	yes/no	
Your AED names and doses	yes/no	
The importance of taking them and risk of stopping against medical advice	yes/no	
How to apply for free AEDs on the LTIS	yes/no	

Topics	Circle the answer	Where 'no', write your action plan/notes		
4. Medication Effects: Do you know about				
The possible side effects of your medication	yes/no			
The possible interactions with other drugs (other prescribed meds, over the counter meds)	yes/no			
The possible interactions with street drugs/alcohol	yes/no			
The meaning and risks of generic substitution	yes/no			
5. The Medication: Do you know what to do if				
A dose is missed	yes/no			
Too much or too little is taken	yes/no			
Vomiting occurs	yes/no			
Illness occurs	yes/no			
Travelling abroad	yes/no			
6. Emergency Medication: Have you been advise	d about			
How and when to use it	yes/no			
How to get free emergency medication	yes/no			
7. Non-Medication Treatments: Do you know abo	ut			
Epilepsy surgery	yes/no			
Vagus Nerve Stimulator	yes/no			
Dietary therapies	yes/no			
Complementary therapies	yes/no			

Topics	Circle the answer
8. Children and Teens: Have you had guidance on	•••
Epilepsy issues for children	yes/no
What teachers need to know about your child's epilepsy	yes/no
Impact of epilepsy on behaviour	yes/no
Impact of epilepsy on learning	yes/no
How to talk about epilepsy with your child	yes/no
School and social life	yes/no
Epilepsy and sports, summer camps, leisure	yes/no
State exams (reasonable accommodations)	yes/no
College and career options	yes/no
Disability Access Route to Education (DARE) for third level	yes/no
Epilepsy Ireland's Training for Success course	yes/no
9. Lifestyle: Do you understand the issues relating	g to epilepsy
Sleep	yes/no
Employment	yes/no
Driving	yes/no
Healthy living, exercise and stress management	yes/no
Alcohol and drugs	yes/no
Travelling abroad	yes/no

Topics	Circle the answer	Where 'no', write your action plan/notes		
10. Medical Services: Have you been advised about				
The role of various medical services	yes/no			
How to contact your epilepsy nurse specialist	yes/no			
How to re-access services after being discharged to your GP	yes/no			
11. Support Services: Do you know about				
The importance of support	yes/no			
Support offered by Epilepsy Ireland (support groups, etc.)	yes/no			
Other relevant organisations and resources	yes/no			
12. Financial Issues: Are you clear about				
Insurance cover	yes/no			
Welfare payments	yes/no			
Tax refunds for medical expenses	yes/no			
13. Relationships: Do you need to know more about				
Relationships	yes/no			
Sexuality	yes/no			
Fertility, family planning, pregnancy	yes/no			
Caring for your child if you have epilepsy	yes/no			
Caring for your child who has epilepsy	yes/no			

pics	Circle the answer	Where 'no', write your action plan/note:		
14. Safety: Do you know about the importance of				
Reducing risks	yes/no			
Increasing safety	yes/no			
Understanding SUDEP	yes/no			
15. Other Issues: Do you need to know more about				
Women's health, menstruation or menopause	yes/no			
Men's health issues	yes/no			
Bone health	yes/no			
Epilepsy and later life	yes/no			
Epilepsy and special needs	yes/no			
Epilepsy and mental health	yes/no			
Epilepsy and other medical conditions	yes/no			

Topics					
16. List any other issues that you need to address here					