

Date

Doctor

Age today

Participant code

Parent Name

<b>Have you seen a change in time to fall asleep?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe any changes in sleep latency, or the time it takes to fall asleep below.	
<b>Changes in sleep duration?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe any changes in sleep duration below.	
<b>Changes in how restful sleep is?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe any changes in sleep how restful sleep has been in the past 30 days below.	
<b>Changes in expressive communication?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe any changes in expressive communication below.	
<b>Changes in understanding?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe any changes in understanding (receptive language) below.	
<b>Changes in types of seizures observed?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe different types of seizures below.	
<b>Changes in number of seizures observed?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe changes in average number of seizures below.	
<b>Changes in average duration of seizures observed?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe changes in average duration of seizures below.	
<b>Changes in average recovery time of seizures observed?</b>		<b>Y / N</b>
<p>-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p>_____</p> <p>Much worse                      Same                      Really Improved</p>	Describe changes in average time to recover after a seizure below.	

<b>Have you seen a change in behavior?</b>	<b>Y / N</b>
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe any changes in behavioral issues below.
<b>Changes in swallowing?</b>	
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe changes in swallowing ability below.
<b>Changes in reflux?</b>	
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe changes in reflux below.
<b>Changes in constipation?</b>	
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe changes in constipation below.
<b>Changes in use of hands?</b>	
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe changes in use of hands below.
<b>Changes in stability of head, neck, or trunk?</b>	
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe changes in stability of head, neck, or trunk below.
<b>Changes in vision?</b>	
<p style="text-align: center;">-5   -4   -3   -2   -1   0   1   2   3   4   5</p> <p style="text-align: center;"> ----- ----- ----- ----- ----- </p> <p style="text-align: center;">Much worse                      Same                      Really Improved</p>	Describe changes in vision below.
<b>Changes in medication? Indications? Symptoms being addressed?</b>	
Leave other questions below	