

EPI LAPSEY[®]: ARE YOU AT RISK?

Print and fill out this questionnaire. If you answer yes to any of these questions, it may be time to talk to your doctor about your treatment plan. **You can take the form with you to your next visit.**

I have had a breakthrough seizure in the past 12 months

YES NO

I call my doctor every time I have a breakthrough seizure

YES NO

I have missed a dose(s) of my seizure medicine

YES NO

I have had a seizure after missing a dose(s)

YES NO

Which common life situations put you at risk for missing doses?

(Check all that apply)

• **Busy schedule**

YES NO

• **Large number of responsibilities**

YES NO

• **Unpredictability of schedule (travel, work shifts, etc.)**

YES NO

Other lifestyle factors/comments:

Multiple capsules/tablets and doses of medicine each day

YES NO

Worried about social stigma or being treated differently from other people because of beliefs about epilepsy

YES NO

Depression or anxiety

YES NO

Memory problems

YES NO

Other risk factors/comments:
