

## QUESTIONNAIRE FOR EPILEPSY

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Please answer the following questions about the disclosure of epilepsy on your application form, giving as much detail as possible. Please take care when answering the questions to make sure they're accurate, true and complete. If not, you risk your cover being cancelled or, when we assess a claim, you risk us paying a reduced amount or nothing at all.

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1. When were you diagnosed with epilepsy (month/year)?

2. Is your epilepsy caused by another disorder?  Yes  No

If so, please give details.

3. When was your last seizure (month/year)?

4. How many seizures do you have on average each year?

5. If you currently have no seizures, how many did you have on average each year?

6. What investigations have you had for this condition, e.g. CT or MRI scans, and what were the results?

7. What type of epilepsy do you have, e.g. focal, generalised, focal and generalised?

8. Do you have an altered state of consciousness during your seizures?  Yes  No

9. Do you lose consciousness during your seizures?  Yes  No

10. What treatment or medication have you had for these symptoms? Please give full details including the name and dose.

11. What is your current treatment or medication?

12. Have you ever needed any surgery for this condition?

Yes  No

If so, please provide the date and nature of the surgery.

13. Are you waiting to have any tests, scans, investigations, hospital appointments, or surgery for these symptoms?

Yes  No

If so, please provide details.

14. Are you under any follow-up with your GP or specialist for these symptoms?

Yes  No

If you have copies of any hospital letters that you're willing to share with us, please include them.