

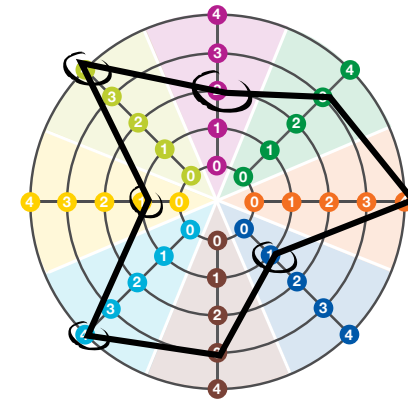
# Epilepsy Wellbeing Map™

## Are you living with Epilepsy?

Use this map to discuss what's important to you when seeing your neurologist.

Fill in the map and bring it to your consultation with your neurologist.

Also available at [www.EpilepsyWellbeing.com.au](http://www.EpilepsyWellbeing.com.au)



## instructions

### step 1 - tick

Tick the boxes you feel apply to you in each of the categories to the right.

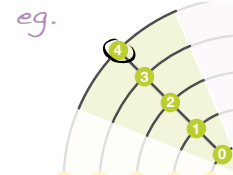
Most likely not all areas will apply to you.



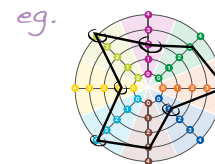
### step 2 - rate

Rate your overall wellbeing in each category on the map.

- Circle the number that best reflects your wellbeing in that category.



- Then connect up the numbers you have selected by drawing lines between them.



### step 3 - self assess

Please turn to page 3 for Step 3

# step 1

## Attention/Memory

- I have
- no attention/memory issues
  - inability to concentrate during activities
  - forgetfulness, trouble remembering names, numbers, events and daily routines
  - slowness of speech
  - other: .....

## Women's issues ■ Men's issues

- |  |   |
|--|---|
| <input type="checkbox"/> I have no issues                        | <input type="checkbox"/> I have no issues |
| I would like a better understanding of the effect of epilepsy on |   |
| <input type="checkbox"/> bone health                             | <input type="checkbox"/> bone health      |
| <input type="checkbox"/> contraception                           | <input type="checkbox"/> sexual function  |
| <input type="checkbox"/> pregnancy considerations                | <input type="checkbox"/> fertility        |
| <input type="checkbox"/> fertility                               |   |
| <input type="checkbox"/> menopause                               |   |
| <input type="checkbox"/> sexual function                         |   |

## Mood/Sleep

- I feel
- happy/content and have no sleep issues
  - down, frightened, anxious or panicky
  - unhappy / depressed
  - fatigued
  - irritable or angry for no apparent reason
  - a lack of interest in the thing/s that used to interest me
  - it's difficult to sleep
  - tired in the morning
  - other: .....

## Self-management

- I feel
- I have good knowledge about my epilepsy, seizures and treatment options
  - it's easy to adhere to my medication regime
  - frightened about my epilepsy
  - I understand the impact lifestyle factors may have on epilepsy, (eg stress, lack of sleep, interaction with other medications, alcohol, smoking)
  - I know the risks associated with suddenly stopping medication
  - other: .....

## Seizure Impact

- I am not worried about seizures
- I am worried about
  - seizures in public
  - my seizure frequency/duration/type
  - my seizures changing character
  - going out for fear of having a seizure
  - other: .....

## Relationships

- I have
- no issues with relationships due to my epilepsy
  - difficulty taking part in all activities with the family
  - difficulty in doing activities by myself eg. shopping
  - trouble exercising
  - difficulty in social settings
  - been misunderstood or discriminated against at work/school
  - difficulty doing my work
  - difficulty keeping up at school

## Safety

- Safety is not an issue for me
- I worry about safety
  - driving or catching public transport
  - at home
  - at work
  - in the community
  - as a parent
  - other: .....

## Physical Change

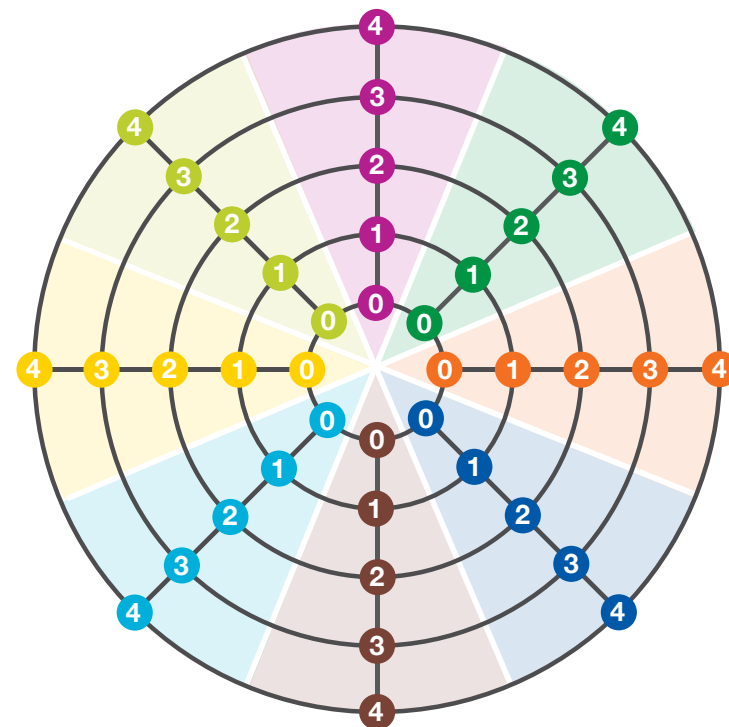
- I have
- no physical change
  - a change in appetite
  - a change in weight
  - change in energy levels
  - hair loss / unwanted hair growth
  - gum swelling
  - dizziness
  - vision changes such as blurred or double vision
  - unsteady balance
  - a rash
  - bouts of nausea or vomiting
  - a change in bowel habits
  - other: .....

# step 2

Date: .....

## Rating Scale

- 0 = No impact
- 1 = Occasionally impacts
- 2 = Sometimes impacts
- 3 = Often impacts
- 4 = Dramatic impact



## step 3 - self assess

- Based upon the completed chart, choose the most important areas that you would like to focus on when you see your doctor.

The areas I most want to focus on when I see my doctor are:

- |  |  |
|--|--|
| <input type="checkbox"/> Attention/Memory        | <input type="checkbox"/> Seizure Impact  |
| <input type="checkbox"/> Women's or Men's Issues | <input type="checkbox"/> Relationships   |
| <input type="checkbox"/> Mood/Sleep              | <input type="checkbox"/> Safety          |
| <input type="checkbox"/> Self-management         | <input type="checkbox"/> Physical Change |

- List the three most important questions you wish to ask your doctor at your next consultation.

The most important questions I would like to ask are:

- .....  
.....  
.....
- .....  
.....  
.....
- .....  
.....  
.....

- Tick the medications you are taking – you may want to highlight any new medications you have started since the last consultation.

I am taking the following medications for my Epilepsy\*:

Medication (substance)	Amount per day?	For approx. how long?
Diamox® (acetazolamide)		
Dilantin® (Phenytoin)		
Epilim® (sodium valproate)		
Gabitril® (tiagabine)		
Keppra® (levetiracetam)		
Lamictal® (lamotrigine)		
Lyrica® (pregabalin)		
Mysoline® (primidone)		
Neurontin® (gabapentin)		
Ospolot® (sulthiame)		
Phenobarbitone (phenobarbitone)		
Rivotril® (clonazepam)		
Sabril® (vigabatrin)		
Tegretol® (carbamazepine)		
Topimax® (topiramate)		
Trileptal® (oxcarbazepine)		
Vimpat® (lacosamide)		
Zarontin® (ethosuximide)		
Zonegran® (zonisamide)		

Other medication/s


\*<http://www.pbs.gov.au/browse/body-system?depth=3&codes=n03a>

Do you require a prescription? yes  no

