

Epilepsy Questionnaire – Applicant

**Full name:**

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**1** When was epilepsy first diagnosed?

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**2** Has it been described as any particular type? *eg grand mal, petit mal, etc* **YES / NO**

If **YES**, please provide details.

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**3** Have you had any scans or other investigations? **YES / NO**

If **YES**, please provide details including dates of investigations and results.

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**4** Regarding the frequency and severity of your attacks:

**a** Please describe the nature of your attacks.

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**b** Are you aware of any specific provoking cause for your attacks? **YES / NO**

If **YES**, please provide details.

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c How long does each attack last?

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d How frequently do attacks occur? *eg how often in the last 12 months*

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e When was your last attack?

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5 Are you prevented from holding a driving licence or are your activities restricted in any other way due to epilepsy?  
If **YES**, please provide details.

**YES / NO**

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6 Please provide details of your treatment. Include names of medication (*eg Epilim, Epanutin etc*), dosage and how often taken:

a Currently

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b In the past

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7 Regarding the monitoring of your condition:

a Who is in charge of your follow-up?

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b How often do you attend for follow-up?

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c When was your last consultation?

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8 Have you lost significant time (*e.g weeks*) off work with this condition? **YES / NO**

If **YES**, please provide details including dates and duration of time off work.

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9 Please provide any additional information on your condition which you feel will be helpful in processing your application.

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**I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.**

**I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.**

**Signature of applicant**

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**Date**

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