

LIVERPOOL ADVERSE EVENTS PROFILE

*PRINT OFF THIS PAGE AND RETURN IT TO
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Over a period of 6 months how many generalised tonic clonic seizures (grand mal seizures) do you have?

Over a period of 6 months how many non convulsive seizures (partial seizures, absences, petit mal) do you have?

If known, please enter if your seizures are classified as being generalised or partial _____

Please enter your medication including name and daily dose. _____

During the last four weeks have you had any of the problems listed below?

For each item, if it has always or often been a problem ring ④. If it has sometimes been a problem ring ③ and so on.

Please be sure to answer every item.

	Always or often a problem	Sometimes a problem	Rarely a problem	Never a problem
a) unsteadiness	4.....	3	2	1
b) tiredness	4	3	2	1
c) restlessness.....	4	3	2.....	1
d) feelings of anger or aggression to others.....	4	3	2	1
e) nervousness and/or agitation.....	4.....	3	2	1
f) headache	4.....	3	2	1
g) hair loss.....	4.....	3	2	1
h) problems with skin(eg acne, rash)	4.....	3	2	1
i) double or blurred vision.....	4.....	3	2	1
j) upset stomach.....	4	3	2	1
k) difficulty in concentrating.....	4.....	3	2	1
l) trouble with mouth or gums.....	4.....	3	2	1
m) shaky hands	4.....	3	2	1
n) weight gain	4.....	3	2	1
o) dizziness.....	4.....	3	2	1
p) sleepiness.....	4.....	3	2	1
q) depression.....	4.....	3	2	1
r) memory problems	4.....	3	2	1
s) disturbed sleep	4.....	3	2	1
t) any other problem (please list in the space below and ring the appropriate number to indicate your response				
aa)	4.....	3	2	1
bb)	4.....	3	2	1