

Next, we would like to know how much you feel your epilepsy and its treatment affect your everyday life. For each item listed, please ring the number which shows best how you feel.

Does your epilepsy and its treatment affect:

a) Your relationship with your spouse/partner?

- A lot 1
- Some 2
- A little 3
- Not at all 4
- Does not apply - no spouse/partner 5

b) Your relationship with other close members of your family?

- A lot 1
- Some 2
- A little 3
- Not at all 4

c) Your social life and social activities?

- A lot 1
- Some 2
- A little 3
- Not at all 4

d) Whether or not you are able to work in paid employment?

- A lot 1
- Some 2
- A little 3
- Not at all 4

e) The kind of paid work you can do?

- A lot 1
- Some 2
- A little 3
- Not at all 4

Does not apply - not in employment 5

f) Your health overall?

A lot 1
Some 2
A little 3
Not at all 4

g) Your relationship with friends?

A lot 1
Some 2
A little 3
Not at all 4

h) The way you feel about yourself?

A lot 1
Some 2
A little 3
Not at all 4

i) Your plans and ambitions for the future?

A lot 1
Some 2
A little 3
Not at all 4

j) Your standard of living?

A lot 1
Some 2
A little 3
Not at all 4