Story Questionnaire: Families

STORY QUESTIONNAIRE – FAMILIES

This form is for families living with epilepsy to submit their story to the Epilepsy Foundation.

PERSONAL INFORMATION

- What is your child's name?
- What are their preferred pronouns?

  eg. she/her, he/him, they/them
- How old are they?
- Which state are you based in?
- What is your email and/or phone number?

  We will only use these details to contact you about your submission.

YOUR EPILEPSY

- What type of seizures does your child experience, and what do they feel like for them?
- What is your first memory of a seizure?
- How did you feel when your child was first diagnosed?
- What impact has epilepsy had on your life?

- What is the worst aspect of living with epilepsy?

LIFE OUTSIDE OF EPILEPSY

- Are you currently working or studying?
- How do your friends/family/loved ones support you?
- What does your child most enjoy doing (hobbies, sports, volunteering etc)?

RELATIONSHIP WITH EPILEPSY FOUNDATION

- How did you first hear about the Epilepsy Foundation?
- What are your thoughts on the Epilepsy Foundation?

AWARENESS

- What is your advice for other people living with epilepsy?
- What do you wish the public knew about epilepsy?
- Any final thoughts or words?
- Confirmation:*
  - ☐ I confirm the above statements are true and correct.
  - ☐ I consent to being contacted by the Epilepsy Foundation.

Submit