Age at first seizure (enter a numeric value)				
Age units	☐Days	☐Weeks	☐Months	☐Years
Age at last seizure (enter a numeric value)				
Age units	☐Days	☐Weeks	☐Months	☐Years
Seizure type (check all that apply)	☐Grand mal/ Generalized tonic/clonic ☐Absence ☐Atonic/Myoclonic ☐Infantile spasms		☐Subtle ☐Other ☐No data	
Seizure type (please indicate if seizure type is "other")				
Seizures with fever?	☐Yes	☐No	☐Unknown	
Seizures without fever?	☐Yes	☐No	☐Unknown	
Being treated for seizures now?	☐Yes	☐No	☐Unknown	
EEG findings (check all that apply)	☐Hypsarrhythmia ☐Generalized spike and wave discharges ☐Poly spike and wave discharges ☐Multifocal sharp waves		☐Focal sharp waves ☐Focal slowing ☐Abnormal background pattern ☐No abnormalities observed, Other ☐No data	
EEG findings, other (please indicate if EEG findings is "other")				