

We are trying to determine the impact of COVID19 on our patients with epilepsy, and their care. We would be grateful if you could complete the following questions.

**For person completing this survey:**

1. Are you?

- A person with epilepsy
- A parent / carer of a person with epilepsy

2. In what country do you live?

**You/person with epilepsy during the COVID-19 crisis**

3. Have you/your child or another member of your household been diagnosed with COVID-19?

	Me	My child/person I look after	Household member
Yes, tested positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presumably yes (fever, dry cough, shortness of breath, diarrhea or other COVID like symptoms and positive chest xray/CT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possibly yes (fever, dry cough, shortness of breath, diarrhea or other COVID like symptoms but no tests done)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Has the seizure frequency changed for you/or person with epilepsy during the COVID-19 period?

- No
- Yes, increased
- Yes, decreased

5. Have you/or person living with epilepsy had difficulty obtaining medication?

- Yes
- No

6. Have you/or person living with epilepsy had difficulty accessing your epilepsy health care professionals or support team during the COVID-19 period?

- Yes
- No
- Not applicable

Please provide specifics

**For persons with epilepsy:**

The following questions ask about how you have been feeling during the past 30 days. For each question, please check the number that best describes how often you had this feeling.

7. Your wellbeing during the COVID-19 crisis.

During the last 30 days, about how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
... nervous?	<input type="radio"/>				
... hopeless?	<input type="radio"/>				
... restless or fidgety?	<input type="radio"/>				
... so depressed that nothing could cheer you up?	<input type="radio"/>				
... that everything was an effort?	<input type="radio"/>				
... worthless?	<input type="radio"/>				

8. In relation to Covid-19, please let us know if any of the following are causing you anxiety at the current time?

	A lot of anxiety	A little anxiety	No anxiety
Worry about getting COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about having to self-isolate with epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interruption to family or social life / isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about seizures worsening/ recurring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about financial/ employment matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle changes (not getting enough sleep, exercise; poor diet or difficulty getting food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. Is there specific information/support you feel you need at this time?

- Online self-management programs
- Psychological support
- Home delivery of medication
- Access to alarms or seizure detection devices
- Access to food
- Receive epilepsy medical advice and support by phone, or by tele/video visit
- Trustworthy and up-to-date information about epilepsy and COVID-19
- Other (please specify)