**Epilepsy and Seizure Questionnaire**

This Questionnaire has been sent in addition to the general Disability & Inclusion Questionnaire 2019/20, as you have indicated within your application that you have a diagnosis of Epilepsy, or that you may experience seizures. It is expected that you complete both questionnaires as early as possible to ensure your needs can be met.

Please ensure that handwritten answers are clear and legible.

**Student Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **E-mail:** |  |
| **Funding body** (SFE / SFW / SFNI / SAAS)**:** |  |
| **Course applied for:** |  |
| **Full time/Part time:** |  |
| **Campus:** |  |
| **Emergency Contact Relationship:**  **Mobile Number:** |  |

**Overview**

The University has a legal duty under the Health and Safety at Work etc Act 1974 to ensure the safety of students as well as staff.

Therefore, we are requesting that you answer the below as accurately as possible, in order for the University to make any anticipatory adjustments prior to your potential arrival. It will also provide us with a better understanding of your difficulties, which will enable us to provide clear information, advice and guidance to support your needs.

**Health and Safety Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer the below questions** | **Yes** | **No** | **If Yes, please detail further** |
| **Do you have a diagnosis of epilepsy?** |  |  |  |
| **If so, is your epilepsy controlled by medication?** |  |  | Please state medication prescribed, dosage and frequency within this box. |
| **Do you lose consciousness during a seizure?** (Including Non-epileptic seizures) |  |  |  |
| **Are you confused/disorientated after a seizure?** |  |  |  |
| **Do you use any assistive technology such as bed sensors or enhanced alarm systems? If so please tell us what you intend to bring to University.** |  |  |  |
| **Do you organise your medication yourself, or do you have any support from others?** (parents, friends, carers etc.) |  |  |  |
| **Do you have an epilepsy care plan or risk assessment in place?** |  |  | **If Yes, please email a copy to** [**disability@chester.ac.uk**](mailto:disability@chester.ac.uk) |
| **Do you have any other medical conditions that impact on your epilepsy or the managing of it?** |  |  |  |
|  | | | |
| **How long does it take to recover after a seizure?** |  | | |
| **How many seizures have you had in the last 12 months? If you have not had a seizure in the past 12 months, please state when your last seizure occurred.** |  | | |
| **Do you have any other care needs at all? (Please note that the University cannot provide or fund care staff** (e.g. assistance with personal care, food preparation etc.)**, however we can help you work with Social Services to organise your own).** |  | | |
| **Will you be commuting from home or applying for University/Partner owned accommodation?** |  | | |

**Types of Seizures**

|  |  |  |
| --- | --- | --- |
| **Please tick all boxes that apply to you** | | |
| **Tonic clonic / Grand-mal** - Muscle stiffening (tonic stage) and fall to the ground, followed by jerking/convulsive movements (clonic stage). | |  |
| **Tonic** – Muscle stiffening, fall to the ground | |  |
| **Atonic** – Loss of muscle tone, fall to the ground. Recovery usually swift | |  |
| **Myoclonic** – Muscle jerks. Loss of consciousness is usually so brief it is hardly noticeable | |  |
| **Absence** **/ Petit-mal** – Often mistaken for day dreaming. Person goes into brief trance-like state | |  |
| **Non-epileptic Seizures** – Usually mirrors a tonic clonic seizure, but not caused by electrical activity in the brain. May be unable to respond during seizure | |  |
| **Additional information** | | |
| Please indicate when these seizures occur,e.g. day/night |  | |
| Other – Please describe |  | |

**Symptoms / Early Warning Signs**

|  |  |  |
| --- | --- | --- |
| **Please tick all boxes that apply to you** | | |
| **Unexplained confusion, sleepiness or weakness** | |  |
| **Cognitive or emotional symptoms, such as fear, anxiety or Déjà vu** | |  |
| **Periods of forgetfulness or memory lapses** | |  |
| **Unusual smells, tastes or feelings** | |  |
| **Muscle weakness** | |  |
| **Rapid eye-blinking** | |  |
| **Seeing flashing / flickering lights or patterns** | |  |
| **Tingling, numbness or feelings of electricity in part of the body** | |  |
| **Other – Please describe** (e.g. insufficient sleep, stress, time of day, excessive alcohol consumption etc)**.** |  | |

**Review of Study Environment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your study involve the following:** | **Yes** | **No** | **If Yes, please detail further if possible** |
| **Any placements / work experience as part of your course?** |  |  |  |
| **Any fieldtrips?** |  |  |  |
| **Any Lone Working?** |  |  |  |
| **Any flashing / flickering lights, or patterns?** |  |  |  |
| **Any hard or sharp surfaces?** (If you have had the opportunity to view your study environment already) |  |  |  |
| **Anything else you are concerned about?** |  |  |  |

# Important: It is the student’s responsibility to inform Disability & Inclusion of any change(s) to the above information, to ensure the University can look to mitigate any potential health and safety risk.

**Specialist Epilepsy Nurse**

If you have a Specialist Epilepsy Nurse (or other medical clinician) involved with your care, please provide their contact details below.

**Name:**

**Phone Number:**

**Address:**

It is sometimes helpful for us to seek further advice from your care provider, but we would only do this with your consent.

If you do not have access to a Specialist Epilepsy Nurse (or other medical clinician), please state why below:

|  |
| --- |
|  |

**Returning the Form**

Please return the completed form, along with any medical evidence and / or care plans explaining the impact of your seizures, by emailing [disability@chester.ac.uk](mailto:disability@chester.ac.uk) and including the relevant documents as attachments.

Alternatively, you can send the documents by post to:

Disability and Inclusion

Student Futures Support

University of Chester

Cheshire

Parkgate Road

CH1 4BJ

**What Happens Next**

Disability & Inclusion will review the information you have provided within this document, in addition to any medical evidence and care plans submitted. We will then request that you meet with a Disability Support Officer to discuss any support that you may require with living arrangements or throughout your academic studies.