

Epilepsy Social Network

1. Do you know anyone with epilepsy?

- ☐ Yes
- ☐ No

If yes:

2. Is this person:

- ☐ A friend or significant other
- ☐ A family member
- ☐ Other person who you talk to or see frequently
- ☐ Other person who you see or talk to infrequently

3. To your knowledge, this person's seizures are:

- ☐ Poorly controlled/frequent
- ☐ Well controlled/infrequent
- ☐ Don't know

4. Is this person someone you have gone to for support or advice regarding your experience with epilepsy?

- ☐ Yes
- ☐ No

5. Does this person's experience with epilepsy make you feel:

- ☐ Optimistic or hopeful about what life with epilepsy can be like
- ☐ Scared or pessimistic about life with epilepsy
- ☐ Has no impact

All participants:

6. Do you have a friend, family member or other person you frequently talk to who has a different medical problem who you feel relates to your experience and who you can go to for support or advice regarding your epilepsy? (can check more than one)

- ☐ Yes, friend
- ☐ Yes, family member
- ☐ Yes, someone else I frequently talk to
- ☐ No

7. Do you have a friend or family member or other person you frequently talk to without a medical problem who provides support your concerns relating to your experience with epilepsy? (can check more than one)

- ☐ Yes, friend
- ☐ Yes, family member
- ☐ Yes, someone else I frequently talk to
- ☐ No