



Ketogenic Diet Questionnaires

Patients Data:

Corresponding physician:
Patients first name:
Patients surname:
Gender:
Date of birth:
Patient's address:
National number:
Home telephone number:

Patient's father's data:

First name:
Surname:
Phone number:
Work number:

History of seizure:

Cause of Seizure:

Intrauterine infection (TORCH), Prenatal & preinatal insult, bleeding and Vascular Reasons, Meningitis, Encephalitis, Neurometabolic, Neurogenetic, Structural, Infectious(Viral, Bacterial, Parasitic, fungal)

Seizure type:

Generalized tonic clonic, Tonic, Clonic, Multifocal clonic, Myo-clonic, Atypical absence, Drop attack, Head drop, Epileptic Spasm, status epilepticus, SpS, CPS

First seizure's age:

frequency of seizures:

current antiepileptic drugs:

Phenobarbital (Pb), Phenytoin (PhT), Levetiracetam (LVT), Clobazam (Clb), Clonazepam (Cl2), Nitrazepam (NT2), Liskantin/primidone (PRM), Sabril (VIG), ACT , Prednisolone (Pred), Zonisamide (Zns) Topiramate (Tpx), Ethosuximide (ETX) ,Gabapentin (GBP) , Lacosamide (Lc2), Lamotrigine (LMT) Oxcarbazepine (OXE), Carbamazepine (CBZ), Pregabalin (PRG), Valproate (Depakine, Orfiril, Epilim) (VPA), Acetazolamide (ACZ)

previuse antiepileptic drugs:

Phenobarbital (Pb), Phenytoin (PhT), Levetiracetam (LVT), Clobazam (Clb), Clonazepam (Cl2), Nitrazepam (NT2), Liskantin/primidone (PRM), Sabril (VIG), ACT , Prednisolone (Pred), Zonisamide (Zns) Topiramate (Tpx), Ethosuximide (ETX) ,Gabapentin (GBP) , Lacosamide (Lc2), Lamotrigine (LMT) Oxcarbazepine (OXE), Carbamazepine (CBZ), Pregabalin (PRG), Valproate (Depakine, Orfiril, Epilim) (VPA), Acetazolamide (ACZ)

Does the patient have developmental delay? Yes No

If the answer is Yes, which kind of the developmental delay exists?

Motor delay Yes No

Speech delay Yes No

Mental delay Yes No

Global developmental delay Yes No

Is Epilepsy Syndrome Imaginable? Yes No

Patient MRI Result?

The last patient EEG result?

Patient Neurometabolic examinations?

Why is the Ketogenic diet prescribed? Seizure control Neuromabolic therapy

Type of selected diet: LGIT Atkins Classic

Reasons for treating with diet:

Is the diet starting with Starvation? Yes No

Results of neurological examinations before diet initiation:

Neurological Examination

Systemic examination

Ophtalmoscopic & Vision examination

Hearing examination:

If the patient is taking Topiramate, check the level of medication:

The first visit after Ketogenic diet starting:

3 months later 6 months later 1 year later 1.5 years 2 years later

Test's Results during ketogenic diet:

Tests	Before diet initiation	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Date:										
Metabolic Screening(MS/MS)											
Urine Organic acid											
CBC with differential	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:	WBC: N: L: RBC: MCV: MCH: Hb: Plt: HCT:
FBS											
BUN											
Creatinine											
AST											
ALT											
alkaline phosphatase											
25 (OH) D											
Albumin											
TG											
total cholesterol											
LDL											
HDL											
Na											
Ca											
P											
Cl											
Mg											
K											
Urine Calcium											
Uric Acid											
U/A											
Urine Ketone											
Kidney's Ultrasound results											
Bladder's Ultrasound results											

EEG after Ketogenic diet:

Date	Result	Result	Result	Result	Result
3 months later					
1 year later					
2 years later					

Patient examination after diet initiation:

Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay: Global developmental delay: Speech delay: Mental delay:
	Behavioral	
Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay: Global developmental delay: Speech delay: Mental delay:
	Behavioral	
Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay Global developmental delay Speech delay Mental delay
	Behavioral	
Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay: Global developmental delay: Speech delay: Mental delay:
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Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay: Global developmental delay : Speech delay : Mental delay :
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Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay : Global developmental delay : Speech delay : Mental delay :
	Behavioral	
Date:	Physical examination	Neurological Examination: Systemic examination: Opthalmoscopic & Vision examination: Hearing examination:
	development	Motor delay : Global developmental delay: Speech delay: Mental delay :
	Behavioral	

Has the type and dose of the patient's medication changed after the diet?

Date	Changes
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>

Has the number of seizures changed since the start of the diet?

Date	Changes
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>
	Yes <input type="radio"/> : NO <input type="radio"/>

Patient Nutrition Information:

Diet Type: Classic LGIT Atkins
With Ketocal With MCT

Diet calculations:

Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
Ketocal:	gr/day	MCT:	gr/day		

Is the diet starting with Starvation? Yes No
If the answer is no, how? With Ketocal With foods

Anthropometric Information:

Weight (in kg): Head circumference (cm):
Height (in centimeters):

Nutritional information before Ketogenic diet initiation:

Which types of foods does your child prefer to eat?

Which types of foods does not your child prefer eat?

Is your child allergic to certain foods?

Does your child have intolerance to certain foods?

Are you familiar with the Ketogenic diet? Yes No

If so, how did you get acquainted with the Ketogenic diet?

Does your child have trouble in:

Swallowing: No Yes:.....
Reflux: No Yes:.....
Diarrhea: No Yes:.....
Constipation: No Yes:.....

Supplementations:

Type and name	cause

Nutritional information after starting the diet:

Has the patient experienced weight loss and lethargy during the diet?

Is the patient able to tolerate all meals?

Doesn't the patient stay hungry with these meals throughout the day?

Is urine ketone always positive?

Anthropometric Information after diet initiation:

Date	Weight (in kg)	Head circumference(cm)	Height (in cm)

Diet changes:

Date	Data					
	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
	Ketocal:	gr/day	MCT:	gr/day		
	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
	Ketocal:	gr/day	MCT:	gr/day		
	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
	Ketocal:	gr/day	MCT:	gr/day		
	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
	Ketocal:	gr/day	MCT:	gr/day		
	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
	Ketocal:	gr/day	MCT:	gr/day		

Are you satisfied with this method of treatment? Say your suggestions to improve the conditions:

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