

Epilepsy Management Plan and Support Package

Feedback Form

We encourage you to provide feedback about the Epilepsy Management Plan and Support Package or the individual documents from that package that you have received. This will enable us to ensure it meets the needs of people with epilepsy and their family/carers, as well as other support workers. All comments are appreciated and will be treated with confidentiality.

1. **Name:** **Contact No:** (Optional)

2. **Are you a:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Person with epilepsy | <input type="checkbox"/> Aged care worker | <input type="checkbox"/> Secondary school teacher |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Disability support worker | <input type="checkbox"/> Integration aide |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Early childhood worker/teacher | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Neurologist/paediatrician | <input type="checkbox"/> Primary school teacher | <input type="checkbox"/> Other: |

3. **Name of Organisation:**

If you have the Epilepsy Management Plan and Support Package booklet please complete Section 1 and 2. If you have received single document/s please complete Section 2.

Section 1

1. **Would you recommend the package to someone else?** **Yes / No**

Why/ Why not?

.....

2. **Please circle your response to the following questions (with 1 being strongly disagree and 5 being strongly agree).**

Package Introduction & Instructions	Strongly Disagree		Agree		Strongly Agree
There is adequate information provided on how to use the package	1	2	3	4	5
The table of contents is clear	1	2	3	4	5
I understand my role, and the role others play in managing the person's epilepsy	1	2	3	4	5

Comments:

Please add any comments or suggestions you would like to make.

.....

.....

.....

.....

.....

.....

.....

Section 2

1. Please tick the box corresponding to the document/s you have used, then circle your response to the following questions (with 1 being strongly disagree and 5 being strongly agree).

Individual Document/s	Strongly Disagree		Agree		Strongly Agree
<input type="checkbox"/> Epilepsy Management Plan is easy to complete	1	2	3	4	5
<input type="checkbox"/> The Emergency Medication Plan (midazolam or rectal valium) is easy to complete	1	2	3	4	5
<input type="checkbox"/> The seizure record page is useful	1	2	3	4	5

Guidelines and Support Materials

<input type="checkbox"/> The Guidelines for Creating a Management Plan are helpful	1	2	3	4	5
<input type="checkbox"/> Guidelines for Creating an Emergency Medication Plan are helpful	1	2	3	4	5
<input type="checkbox"/> The Guidelines for Recording Seizures are helpful	1	2	3	4	5
<input type="checkbox"/> When to Call an Ambulance is helpful	1	2	3	4	5
<input type="checkbox"/> The Use of Midazolam for Emergency Management of Seizures is informative	1	2	3	4	5
<input type="checkbox"/> The use of Rectal Valium for Emergency Management of Seizures is informative	1	2	3	4	5
<input type="checkbox"/> Information about Training for Families is useful	1	2	3	4	5
<input type="checkbox"/> Information about Training for Organisations in the use of emergency medications is useful	1	2	3	4	5
<input type="checkbox"/> Epilepsy Support and Management for Organisations is useful	1	2	3	4	5
<input type="checkbox"/> Top Ten Tips for living with epilepsy is useful	1	2	3	4	5
<input type="checkbox"/> Seizure first aid is useful	1	2	3	4	5

Comments:

Please add any comments or suggestions you would like to make.

.....

.....

.....

.....

.....

.....

Thank you for taking the time to provide feedback, which is appreciated.

Please return in the prepaid envelope provided, or alternatively scan and email to: epilepsy@epilepsy.asn.au or fax to: 9882 7159