# Epilepsy and Rowing - Appendix 1: Fact Find

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| **Name** |  |
| **Age** |  |
| **Today’s date** |  |
| **Rowing experience** |  |
| **Type of seizures** |  |
| **How often do you have seizures?** |  |
| **What happens when you have a seizure?** |  |
| **Do you have a warning before a seizure?** |  |
| **Are there any known triggers for the seizures?** |  |
| **The following factors are associated with rowing and known to be possible triggers for seizures. Please comment on whether they have any known impact on your epilepsy*** **Being too hot or too cold**
* **Being stressed**
* **Being over tired**
* **Going for long periods without food or drink**
* **Head injury**
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| **How long do your seizures last?** |  |
| **What support do you need after a seizure?** |  |
| **Are your seizures controlled in any way? e.g. by medication** |  |
| **Do you have any other medical conditions that are relevant to this risk assessment?** |  |
| **Comment on your general levels of health and fitness** |  |