

Student Interview Form

(for the school nurse)

Purpose: To help you establish a relationship with the student. This interview will also assist you in gathering additional medical information that will help manage his or her health throughout the year.

How to use: Set up 1/2 hour to meet with the student and use this form as a discussion guide.

Student's name _____ Age _____ Grade _____

School _____ Teacher _____ Classroom _____

How old were you when your seizures began? _____

Do you have any special feelings before a seizure? _____ Yes _____ No _____ Not sure

If yes, please explain _____

What do you think happens during your seizures? _____

How do you feel after a seizure? _____

What medication(s) do you take? (You may need to ask the parent/caregiver for this information.)

| Medication | Dosing | Schedule |
|------------|--------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Who gives you your medications at home? _____

If medication is self-administered, then ask:

Do you remember to take your medication on your own? _____

Do you do anything special to remember to take your medication? _____

What do you do if you miss a dose? _____

Do you feel any different if you miss a dose? _____

What things (if any) seem to bring on a seizure? (list) _____

How often do you have seizures? _____

Is there a time of day or situation when they occur most often? _____

When was your last seizure? _____

Besides taking medication, how do you control your seizures? _____

What special problems (if any) do you have in school that you feel are related to your epilepsy?

Have you told any of your friends about your seizures? (If yes, what did you tell them, when, and how did they react?)

Have you told any of your teachers you have seizures? (If yes, what did you tell them, when, and how did they react?)

If you have a seizure at school, what would you like the following people to do for you?

School nurse _____

Teacher(s)/Coach(es) _____

Classmates _____

Date completed _____ Date updated _____

Notes _____

CONFIDENTIALITY STATEMENT

By creating and distributing this Pediatric Seizure Preparedness Plan, it is the expressed intention of Valeant Pharmaceuticals North America to provide a value-added service to healthcare providers, caregivers, and patients. Valeant Pharmaceuticals North America intends to fully comply with HIPPA guidelines for patient confidentiality to ensure that personal information is not disclosed to anyone outside of those that the parent/caregiver, healthcare professional, or student-patient deem acceptable. Valeant Pharmaceuticals North America is not responsible for this Plan or its contents after the Plan has been released to healthcare professionals. Careful consideration should be given before any medical information is released to others.

IMPORTANT SAFETY INFORMATION

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity for patients 2 years and older.

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness and rhinitis (1%-5%). Please see full DIASTAT AcuDial Prescribing Information.