

Supplementary Material 1. Seizure inquiry form

1) Interviewer: caregiver to the patient	
Interviewer name	
Interviewer no	
Interview date	
Degree of relationship to the patient	
2) Presence of fluctuation in the patient	
Fluctuation: YES/NO	
If there is fluctuation, detailed explanation and examples	
3) Focal onset seizures	
Focal motor or sensory episodes: YES/NO	
Automatisms: YES/NO	
Olfactory/gustatory hallucinations: YES/NO	
Deja-vu: YES/NO	
Period of altered responsiveness: YES/NO	
Amnesic episodes (on waking): YES/NO	
Amnesic episodes (at other times): YES/NO	
Repetitive questioning: YES/NO	
Triggers: YES/NO	
Aura: YES/NO	
If the answer is yes to any of them, detailed explanation and examples	
4) Generalised onset seizures: YES/NO	
If the answer is yes, detailed explanation and examples	