



Iranian Registry of ketogenic diets



1. Demographic data	
Registry time	
Physician	
Dietitian	
Patients full name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	
National Code	
Father's name	
City	
Telephone number	

2. History	
Relative parents: No <input type="checkbox"/>	
First Grade <input type="checkbox"/> Second Grade <input type="checkbox"/> Third Grade <input type="checkbox"/>	
Seizure: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family history of seizure : No <input type="checkbox"/>	
First Grade <input type="checkbox"/> Second Grade <input type="checkbox"/> Third Grade <input type="checkbox"/>	
First seizure's age	Frequency of seizures
Epileptic syndrome	No <input type="checkbox"/> Yes <input type="checkbox"/> :
Cause of Seizure	Type of Seizure
Intrauterine infection (TORCH) <input type="checkbox"/>	Generalized tonic clonic <input type="checkbox"/>
Prenatal & preinatal insult <input type="checkbox"/>	Tonic <input type="checkbox"/>
Bleeding and Vascular reasons <input type="checkbox"/>	Clonic <input type="checkbox"/>
Meningitis <input type="checkbox"/>	Multifocal clonic <input type="checkbox"/>
Encephalitis <input type="checkbox"/>	Myo-clonic <input type="checkbox"/>
Neurometabolic <input type="checkbox"/>	Atypical absence <input type="checkbox"/>
Neurogenetic <input type="checkbox"/>	Drop attack <input type="checkbox"/>
Structural <input type="checkbox"/>	Head drop <input type="checkbox"/>
Infectious (Viral) <input type="checkbox"/>	Epileptic Spasm <input type="checkbox"/>
Infectious (Bacterial) <input type="checkbox"/>	Status epilepticus <input type="checkbox"/>
Infectious (Parasitic) <input type="checkbox"/>	Focal seizure with awareness <input type="checkbox"/>
Infectious (Fungal) <input type="checkbox"/>	Focal seizure without awareness <input type="checkbox"/>

3. Physical & Neurological Examination

Before Diet	Physical Examination	Neurological Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Systemic Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Opthalmoscopic & Visual examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Hearing Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
	Development	Motor delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Speech delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Mental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Global developmental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Behavioral	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :		
1 month later	Physical Examination	Neurological Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Systemic Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Opthalmoscopic & Visual examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Hearing Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
	Development	Motor delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Speech delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Mental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Global developmental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Behavioral	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :		

3 months later	Physical Examination	Neurological Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Systemic Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Ophthalmoscopic & Visual examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Hearing Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
	Development	Motor delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Speech delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Mental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Global developmental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Behavioral	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :		
6 months later	Physical Examination	Neurological Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Systemic Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Ophthalmoscopic & Visual examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Hearing Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
	Development	Motor delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Speech delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Mental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Global developmental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
	Behavioral	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :	

2 years later	Physical Examination	Neurological Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Systemic Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Ophtalmoscopic & Visual examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Hearing Examination	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
	Development	Motor delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Speech delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Mental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
		Global developmental delay	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Behavioral	NI <input type="checkbox"/> Abnormal <input type="checkbox"/> :		

4. Para clinic Data

Patient MRI Result	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Metabolic Screening(MS/MS)	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Urine Organic acid	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Genetic study	
Final Diagnosis	
Ketogenic diet prescribed for:	Seizure control <input type="checkbox"/> Neuromabolic therapy <input type="checkbox"/>

EEG results

Before Diet initiation	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
3 months later	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
6 months later	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
2 years later	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :

5. Lab Data

Tests	Before diet	1 month later	3 months later	6 months later	2 years later
CBC Diff	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	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Urine Ketone	Negative <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/>	Negative <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/>	Negative <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/>	Negative <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/>	Negative <input type="checkbox"/> +1 <input type="checkbox"/> +2 <input type="checkbox"/> +3 <input type="checkbox"/>
Kidney's Ultrasound results	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> :
Bladder's Ultrasound results	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

6. Antiepileptic drugs

Previous	Current
Phenobarbital (PB) <input type="checkbox"/>	Phenobarbital (PB) <input type="checkbox"/>
Phenytoin (PHT) <input type="checkbox"/>	Phenytoin (PHT) <input type="checkbox"/>
Levetiracetam (LVT) <input type="checkbox"/>	Levetiracetam (LVT) <input type="checkbox"/>
Clobazam (CLB) <input type="checkbox"/>	Clobazam (CLB) <input type="checkbox"/>
Clonazepam (CLZ) <input type="checkbox"/>	Clonazepam (CLZ) <input type="checkbox"/>
Nitrazepam (NZP) <input type="checkbox"/>	Nitrazepam (NZP) <input type="checkbox"/>
Liskantin/primidone (PRM) <input type="checkbox"/>	Liskantin/primidone (PRM) <input type="checkbox"/>
Sabril (Vigabatrine) (VGB) <input type="checkbox"/>	Sabril (Vigabatrine) (VGB) <input type="checkbox"/>
ACTH <input type="checkbox"/>	ACTH <input type="checkbox"/>
Prednisolone (PNZ) <input type="checkbox"/>	Prednisolone (PNZ) <input type="checkbox"/>
Zonisamide (ZNS) <input type="checkbox"/>	Zonisamide (ZNS) <input type="checkbox"/>
Topiramate (TPM) <input type="checkbox"/>	Topiramate (TPM) <input type="checkbox"/>
Ethosuximide (ETX) <input type="checkbox"/>	Ethosuximide (ETX) <input type="checkbox"/>
Gabapentin (GBP) <input type="checkbox"/>	Gabapentin (GBP) <input type="checkbox"/>
Lacosamide (LCZ) <input type="checkbox"/>	Lacosamide (LCZ) <input type="checkbox"/>
Lamotrigine (LTG) <input type="checkbox"/>	Lamotrigine (LTG) <input type="checkbox"/>
Oxcarbazepine (OXC) <input type="checkbox"/>	Oxcarbazepine (OXC) <input type="checkbox"/>
Carbamazepine (CBZ) <input type="checkbox"/>	Carbamazepine (CBZ) <input type="checkbox"/>
Pregabalin (PGB) <input type="checkbox"/>	Pregabalin (PGB) <input type="checkbox"/>
Valproate (Depakine, Orfiril, Epilim)(VPA) <input type="checkbox"/>	Valproate (Depakine, Orfiril, Epilim)(VPA) <input type="checkbox"/>
Acetazolamide (ACZ) <input type="checkbox"/>	Acetazolamide (ACZ) <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>

The serum level of : (If Detected)

LVT
 TPM
 OXC
 PB
 CBZ

PHT
 LVT
 PRM
 VPA

7. Seizure frequency after diet

Seizures Changes After Diet				
1 month later	No changes <input type="checkbox"/>	Seizure reduction > 50% <input type="checkbox"/>	Seizure reduction > 90% <input type="checkbox"/>	Free seizure <input type="checkbox"/>
3 months later	No changes <input type="checkbox"/>	Seizure reduction > 50% <input type="checkbox"/>	Seizure reduction > 90% <input type="checkbox"/>	Free seizure <input type="checkbox"/>
6 months later	No changes <input type="checkbox"/>	Seizure reduction > 50% <input type="checkbox"/>	Seizure reduction > 90% <input type="checkbox"/>	Free seizure <input type="checkbox"/>

Type and Dose of Medication Changes	
1 month later	No <input type="checkbox"/> Yes <input type="checkbox"/> :
3 months later	No <input type="checkbox"/> Yes <input type="checkbox"/> :
6 months later	No <input type="checkbox"/> Yes <input type="checkbox"/> :
2 years later	No <input type="checkbox"/> Yes <input type="checkbox"/> :

8. Nutrition information

Date	Weight (kg)	Head circumference(cm)	Height (cm)
Before Diet			
1 month later			
3 months later			
6 months later			
2 years later			

Foods preference	Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Fluid <input type="checkbox"/> Carbohydrates <input type="checkbox"/> Proteins <input type="checkbox"/> Fats <input type="checkbox"/>
Food allergy	No <input type="checkbox"/> Yes <input type="checkbox"/> :
Is patient acquainted with KD?	Yes <input type="checkbox"/> : Other patients <input type="checkbox"/> Internet <input type="checkbox"/> Books <input type="checkbox"/> Families <input type="checkbox"/> Friends <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/>
GI Problems	Swallowing <input type="checkbox"/> Reflux <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/>

Diet calculation						
Diet Type	Classic <input type="checkbox"/>	LGIT <input type="checkbox"/>	Atkins <input type="checkbox"/>			
Diet initiation	with Starvation <input type="checkbox"/>	With Ketocal <input type="checkbox"/>	With foods <input type="checkbox"/>			
Diet initiation	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
		Ketocal gr/day:		MCT gr/day:		
1 month later	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
		Ketocal gr/day:		MCT gr/day:		
3 months later	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
		Ketocal gr/day:		MCT gr/day:		
6 months later	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
		Ketocal gr/day:		MCT gr/day:		
2 years later	Energy:	Pro/meal:	CHO/meal:	Fat/meal:	Ratio:	Meals:
		Ketocal gr/day:		MCT gr/day:		

Supplementations	
Multivitamin	<input type="checkbox"/>
Multivitamin-Mineral	<input type="checkbox"/>
Calcium	<input type="checkbox"/>
Vitamin D	<input type="checkbox"/>
Polyethylene glycol	<input type="checkbox"/>
Selenium	<input type="checkbox"/>
Carnitine	<input type="checkbox"/>
Evening Primrose Oil	<input type="checkbox"/>
Other	<input type="checkbox"/>

Follow up		
Weight loss and lethargy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tolerate all meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stay hungry with these meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is patient satisfied with this method	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Continuation of Diet	
1 month later	Yes <input type="checkbox"/> No <input type="checkbox"/> :
3 months later	Yes <input type="checkbox"/> No <input type="checkbox"/> :
6 months later	Yes <input type="checkbox"/> No <input type="checkbox"/> :
2 years later	Yes <input type="checkbox"/> No <input type="checkbox"/> :

Registrars:

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