Seizure Screen		
Participant ID		
Name of Assessor	(free type)	
Name of Data Clerk	(free type)	
Date of assessment	(day - 2 digits) (month - 2 digits) (year - 4 digits)	
Part 1	1. Has your child ever unexpectedly stared and not responded when you	
Note: Each item is	attempted to alert him/her?	☐ Y ☐ N ☐ Don't Know ☐ Y ☐ N ☐ Don't Know
answered with yes, no,	2. Has your child ever unexpectedly lost consciousness or awareness?3. Has your child ever unexpectedly lost her/his ability to talk or respond?	☐ Y ☐ N ☐ Don't Know
or I don't know. Any	4. Has your child ever unexpectedly lost the ability to move?	☐ Y ☐ N ☐ Don't Know
"Yes" answer prompts	5. Has your child ever unexpectedly had abnormal twitches, jerks, trembles	
Part 2.	or shakes of the arms, legs, head, face or body?	☐ Y ☐ N ☐ Don't Know
	6. Has your child ever unexpectedly stiffened or tightened the arms, legs,	☐ Y ☐ N ☐ Don't Know
	face or body? 7. Has your child ever unexpectedly slumped over, collapsed, or become	
	limp?	☐ Y ☐ N ☐ Don't Know
	8. Has your child ever unexpectedly had a period of confusion lasting	☐Y☐N☐Don't Know
	minutes to an hour or two?	
	9. Has your child ever unexpectedly lost the ability to hold his/her head up	☐ Y ☐ N ☐ Don't Know
	when not appearing to be tired?	
	10. Has your child ever seen a doctor who diagnosed your child with one of the following:	☐ Y ☐ N ☐ Don't Know
	a. epilepsy?	
	b. seizure or seizure disorder?	
	c. febrile seizures or seizures with fever?	
	d. fits?	
	e. attacks? f. spells?	
	g. convulsions?	
	6. com allocation	☐ Y ☐ N ☐ Don't Know
	11. Has your child ever had an EEG (also called a brain wave test) during	
	which wires were pasted to the scalp to record brain waves?	
Part 2	A. Has your child ever had an episode?	
	B. Do you think your child has had more than one type of episode?	
Note: Questions 1-30	B1. If yes, specify episode type(s) (free	
are asked for each	type)	
episode type.		
	(signs of seizure)	
	1. Does he/she lose awareness, become unresponsive, or lose	\square Y \square N
	consciousness? 2. Does he/she stare or get a glazed look?	\square Y \square N
	3. Does he/she suddenly become still or unresponsive?	
	4. Does he/she suddenly stop what he/she is doing?	\square Y \square N
	5. During an episode, does your child have a change in his/her ability to	
	communicate?	\square Y \square N
	6. During an episode, does your child have a change in his/her ability to	

Score	24. After an episode, does he/she appear confused? 25. After an episode, does he/she have difficulties talking or communicating? 26. After an episode, does he/she have trouble understanding what is said? 27. After an episode, does he/she become weak or have more trouble than usual moving ONLY one side of the body? (other defining questions) 28. Does this type of episode occur ONLY when he/she is upset, mad, or in pain? 29. Does this type of episode occur ONLY with fever? 30. Does this type of episode occur without fever?	Y N
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	24. Aπer an episode, does ne/sne appear confused?	\square Y \square N
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	usual?	\square Y \square N
	22. After an episode, does he/she become more tired or slower to respond? 23. After an episode, does he/she have less energy or seem less active than	
	21. After an episode, does he/she become more sleepy than usual?	\square Y \square N
	20. During or after an episode, does he/she wet or soil himself/herself?	\square Y \square N
	stop breathing?	
	19. During or after an episode, does he/she ever have trouble breathing or	\square Y \square N
	18. During or after an episode, does he/she ever look dusky or blue in the face and/or lips?	\square Y \square N
	17. During or after an episode, does he/she drool more than usual?	□Y □N
	16. During an episode, does he/she ever gurgle or froth at the mouth?	\square Y \square N
	jerking eye movements to one side?	
	15. During an episode did you ever notice that he/she has rhythmic or	_ I _ I I
	14. During an episode did you ever notice that his/her head and/or eyes are stuck to the left or right side?	\square Y \square N
	(Post-ictal and supportive symptoms)	
	(Dark intel and assessment on a	
	limp?	
	13. During an episode, does he /she suddenly slump over, collapse or go	\square Y \square N
	12. During or after this type of episode did you ever notice that he/she stiffens, jerks, twitches, or shakes on BOTH SIDES OF THE BODY?	\square Y \square N
	jerks, twitches or shakes ONLY ONE SIDE OF THE BODY?	
	11. During an episode did you ever notice that he/she suddenly stiffens,	\square Y \square N
	waist?	\square Y \square N
	arches his/her neck, or bends backward? 10. During an episode did you ever notice that he/she suddenly bends at the	
	9. During an episode did you ever notice that he/she arches his/her back,	\square Y \square N
1	follow people purposefully with his/her eyes?	\square Y \square N
	8. During an episode, does your child have a change in his/her ability to	
		\square Y \square N
	7. During an episode, does your child have a change in his/her ability to walk?	