

[Standard Header]

Individual Name: {clmt_full_name}

PLEASE COMPLETE AND RETURN BY {third_party_form_return_date}

SEIZURE WITNESS QUESTIONNAIRE

If you need more space, please attach additional page(s).

1) What is your relationship to the claimant? _____

2) How long have you known the claimant? _____

3) How often do you see the claimant? _____

4) How many times have you seen the claimant having a seizure in the last 12 months?

5) What is the approximate date of the last seizure you witnessed the claimant have in the last 12 months?

6) Describe any changes you notice in the claimant's behavior just before a seizure:

7) Describe what happened to the claimant during a seizure (for example, did the individual lose consciousness, fall down, stare into space, lose bowel or bladder control, bite tongue, have repeated body movements, suffer an injury)?

8) Describe any problems the claimant had after a seizure (for example, confusion, tiredness, difficulty talking or walking) and how long the problems lasted.

9) Did the claimant remember having a seizure? Yes No

10) How long does the claimant's seizure typically last?

11) In addition to seizures you have witnessed, do you know about any other seizures the claimant has had?

Yes No

If yes, explain.

Name of person completing this form (Please print)

Date

Phone

Address

City

State

Zip Code