





















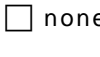








## SEIZURE DESCRIPTION SHEET

**Directions:** Please check (✓) what happens (or happened) during your child's seizure and bring this sheet to your child's neurology appointment.

### — DESCRIPTION OF SPELL OR SEIZURE —

 Body	<input type="checkbox"/> whole  <input type="checkbox"/> right  <input type="checkbox"/> left  <input type="checkbox"/> can't tell ?
 Movement	<input type="checkbox"/> jerking  <input type="checkbox"/> stiffness  <input type="checkbox"/> jerking and stiffness  <input type="checkbox"/> can't tell ?
 Eyes	<input type="checkbox"/> up  <input type="checkbox"/> closed  <input type="checkbox"/> right →  <input type="checkbox"/> left ←  <input type="checkbox"/> stare  <input type="checkbox"/> stare and blink  <input type="checkbox"/> no change  <input type="checkbox"/> can't tell ?
 Skin Color	<input type="checkbox"/> blue  <input type="checkbox"/> no change  <input type="checkbox"/> can't tell ?
 Accident	<input type="checkbox"/> pee – pee  <input type="checkbox"/> poop  <input type="checkbox"/> none  <input type="checkbox"/> can't tell ?
 Mouth	<input type="checkbox"/> dry  <input type="checkbox"/> drool  <input type="checkbox"/> foam  <input type="checkbox"/> bite tongue  <input type="checkbox"/> can't tell ?
 How Often	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other : _____

### — AFTER SEIZURE OR SPELL —

<input type="checkbox"/> asleep	<input type="checkbox"/> drowsy	<input type="checkbox"/> alert	<input type="checkbox"/> confused	<input type="checkbox"/> paralyzed
				