Date form completed (MM/DD/YYYY)\*\*:

Information complete up to (MM/DD/YYYY)\*\*:

## Classification of Seizures\* (check all that apply)

Focal – complete questions for focal seizure subtypes\*\* (see question **2** below)

Generalized - complete questions for Generalized seizure subtypes\*\* (see question **3** below)

Unknown if generalized or focal

Unclassified - complete questions for Unclassified seizure type\*\* (see question **4** below)

1. Focal Seizure Subtypes (per degree of impairment)\*\*
   1. Focal aware (Without impairment of awareness):

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Focal aware-motor/observable (With observable motor or autonomic components):

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Focal Aware-non-motor (Involving subjective sensory or psychic phenomena only):

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal Impaired Awareness (with impairment of awareness (roughly corresponds to the concept of “complex partial seizure”)):

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Focal impaired awareness-motor/observable (With observable motor or autonomic components):

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Focal impaired awareness-non-motor (without observable motor components):

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal to bilateral, tonic clonic seizure (involving tonic, followed by clonic movements, replaces the term “secondarily generalized seizure”):

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal, unknown awareness:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. With observable motor:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Without observable motor:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal onset Clonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal onset Tonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal onset Atonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Focal onset Epileptic spasm:

No  Possible  Probably  Definite  Unknown  N/A

1. Generalized Seizure Subtypes\*\*[[1]](#endnote-1)

(answer all)

* 1. Motor:
     1. Myoclonic (not otherwise specified):

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Myoclonic-tonic-clonic:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Clonic:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Tonic:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Atonic:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Generalized tonic-clonic:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Epileptic spasms:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Not otherwise specified:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Non-motor (absence) (specify type below):
     1. Absence NOS:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Typical absence:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Atypical absence:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Myoclonic absence:

No  Possible  Probably  Definite  Unknown  N/A

* + 1. Absence with eyelid myoclonia:

No  Possible  Probably  Definite  Unknown  N/A

1. Seizure subtypes of Unknown onset (unknown if focal or generalized):
   1. Generalized tonic-clonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Motor not otherwise specified:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Clonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Tonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Myoclonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Atonic:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Epileptic spasms:

No  Possible  Probably  Definite  Unknown  N/A

* 1. Non-motor not otherwise specified:

No  Possible  Probably  Definite  Unknown  N/A

1. Unclassified - Complete below for Unclassified seizure type\*\*

Seizure type is unclassified:

No  Possible  Probably  Definite  Unknown  N/A

## GENERAL INSTRUCTIONS

This CRF Module is recommended to classify seizures for epilepsy studies. The seizure classifications included on the CRF are based on the current International League Against Epilepsy (ILAE) guidelines, which outline the concepts, terminology, and approaches for classifying seizures.[[2]](#endnote-2)

Elements on this form are classified as Supplemental, unless specified by an asterisk as described below:

\* Element is classified as Core

\*\*Element is classified as Supplemental – Highly Recommended

## SPECIFIC INSTRUCTIONS

* The following definitions should be used when completing this form:

No = Not present

Possible = The summary of evidence suggests less than 50% confidence level

Probable = The summary of evidence suggests greater than 50% confidence level

Definite = The summary of evidence suggests 100% confidence level

Unknown = The summary of evidence is not sufficient to support a finding

N/A = Not Applicable; to be used at the discretion of the Principal Investigator based on study design

* Focal Unknown Awareness: If a seizure is definitively focal, but awareness is unknown, please use the Focal Unknown Awareness categorization.
* Tonic, clonic, atonic and epileptic spasm: When these seizure types occur in patients with combined focal and generalized epilepsy, it is often difficult to determine whether their onset is focal or generalized. Please use the Unknown Onset box in these cases. (e.g., Lennox Gastaut Syndrome).
* In a combined focal and generalized epilepsy (e.g., Lennox Gastaut Syndrome), the tonic, atonic or tonic-clonic seizure should be considered as of unknown onset unless captured on EEG with a clear focal or generalized onset.
* Focal Impaired Awareness: This categorization should be used if a subject has focal seizure and they have confusion or difficulty understanding their environment or difficulty remembering what has occurred even in the absence of an altered level of consciousness.
* A seizure should only be considered “definite” tonic-clonic if there is a description of tonic activity followed by clonic activity with fall to the ground and post-ictal stupor. If one of those elements have not been witnessed, then it should be labeled “possible” or “probable.” There needs to be a witnessed event. If there is a tonic-clonic seizure and other evidence of focality, it should be identified as focal to bilateral.
* Individuals will be presumed to have a single epilepsy seizure type (focal or generalized) unless they have evidence to the contrary or they have a syndrome that is typically associated with both focal and generalized seizures.

1. If a seizure cannot be adequately classified, it should not be fit into a category to which it does not belong*.* [↑](#endnote-ref-1)
2. Fisher RS, Cross JH, French JA, Higurashi N, Hirsch E, Jansen FE, Lagae L, Moshé SL, Peltola J, Roulet Perez E, Scheffer IE, Zuberi SM. Operational classification of seizure types by the International League Against Epilepsy: Position Paper of the ILAE Commission for Classification and Terminology. Epilepsia 2017;58(4):522–530.

   Fisher RS, Cross JH, D'Souza C, French JA, Haut SR, Higurashi N, Hirsch E, Jansen FE, Lagae L, Moshé SL, Peltola J, Roulet Perez E, Scheffer IE, Schulze-Bonhage A, Somerville E, Sperling M, Yacubian EM, Zuberi SM. Instruction manual for the ILAE 2017 operational classification of seizure types. Epilepsia 2017;58(4):531–542. [↑](#endnote-ref-2)