The Post-Traumatic Epilepsy Screening form screens for post-traumatic epilepsy or seizures.

Patient/caregiver/ interview:

1. Have you/your family member had or has anyone ever told you that you/they had any of the following:
2. Uncontrolled movements of part or all of the body such as twitching, jerking, shaking or going limp, lasting about 5 minutes or less?

 Yes No Unknown

1. An unexplained change in mental state or level of awareness; or an episode of "spacing out" which you/your family member could not control, lasting about 5 minutes or less?

 Yes No Unknown

1. Any other type of repeated unusual attacks or convulsions lasting about 5 minutes or less?

 Yes No Unknown

1. Has anyone ever told you that you/your family member have seizure(s) or epilepsy?

 Yes No Unknown

If the answer to any of the questions above is YES, proceed to the following questions:

1. Which of the following sources of information were queried? (Check all that apply):

 Patient Caregiver Medical record

1. Has the participant had seizures or epilepsy prior to the traumatic brain injury?

 Yes No Unknown

1. Has the participant been diagnosed with epilepsy, a seizure disorder, or a single seizure after the date of the traumatic brain injury diagnosis?

 Yes No Unknown

1. Did seizure(s) occur later than seven days after the date of the traumatic brain injury?

 Yes No Unknown

1. Date of diagnosis:
2. Who gave this diagnosis?

 Neurosurgeon

 Neurologist

 Pediatric Neurologist

 Primary Care Physician

 Pediatrician

 Psychiatrist

 Psychologist

 Nurse Practitioner

1. Has the patient received medication for seizures or epilepsy?

 Yes No Unknown

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