

# Epilepsy Screener

Collection date for epilepsy information:

(DD-MM-YYYY)

**EPILEPSY SCREENER**

Has the participant ever had a seizure or convulsion caused by a high fever? ☐ Yes ☐ No

Has the participant ever been diagnosed with a seizure disorder or epilepsy? ☐ Yes ☐ No

(If No) Has the participant ever experienced...

**EPILEPSY SCREENER**

	Yes	No
Daydreaming or staring into space more often than peers?	<input type="radio"/>	<input type="radio"/>
Uncontrollable jerking or clumsiness, such as dropping things, shortly after waking up?	<input type="radio"/>	<input type="radio"/>
Any other type of repeated unusual spells?	<input type="radio"/>	<input type="radio"/>
A seizure, convulsion, fit or spell under any circumstances?	<input type="radio"/>	<input type="radio"/>
An unexplained change in mental state or level of awareness; or an episode of "spacing out" that could not be controlled?	<input type="radio"/>	<input type="radio"/>
Uncontrolled movements of part or all of the body such as twitching, jerking, shaking or going limp?	<input type="radio"/>	<input type="radio"/>
Unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare?	<input type="radio"/>	<input type="radio"/>

Epilepsy Screener - Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards