

FRIENDSHIP VENTURES  
10509 108<sup>th</sup> St NW  
Annandale, MN 55302  
(320) 274-8376 or metro (952) 852-0101  
Fax (952) 852-0123  
[fv@friendshipventures.org](mailto:fv@friendshipventures.org)  
[www.friendshipventures.org](http://www.friendshipventures.org)

Session \_\_\_\_\_ Cabin \_\_\_\_\_

Cabin copy \_\_\_\_\_  
Nurse copy \_\_\_\_\_

## SEIZURE QUESTIONNAIRE

This form **MUST BE RECEIVED IN THE FRIENDSHIP VENTURES OFFICE 2 WEEKS PROR** to participation in a program.  
Please plan to spend time with the nurse at check-in to review this form.

PARTICIPANT NAME: \_\_\_\_\_ DATES ATTENDING: \_\_\_\_\_

Circle the type(s) of seizure(s) experienced by applicant and complete the section(s) that relate to them:

ABSENCE    GENERALIZED TONIC-CLONIC    COMPLEX PARTIAL    ATONIC (Drop)    OTHER

Is there an aura? \_\_\_\_\_ Please describe: \_\_\_\_\_

What does the seizure look like? \_\_\_\_\_

How long does it last? \_\_\_\_\_

How frequently does it occur? \_\_\_\_\_ Date of LAST seizure: \_\_\_\_\_

Is there a time of day when the seizure is most likely to occur? \_\_\_\_\_

Are there particular things that trigger the seizure? Please explain: \_\_\_\_\_

What is the applicant's behavior / mood after the seizure? \_\_\_\_\_

How long does it usually take for applicant to recover from the seizure? \_\_\_\_\_

Any special precautions to be taken, such as wearing a helmet, monitoring during the night, etc?

Explain: \_\_\_\_\_

Is there a protocol to be followed for prolonged or frequent seizures such as prn med to be given, call 911, report to neurologist, etc?

Explain in detail: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM

Relationship to applicant

PHONE

DATE

THANK YOU!