





























## IMPORMASYON SA PASYENTE / PATIENT INFORMATION SHEET

**Tagubilin:** Pakilagyan ng tsek (✓) kung ano ang nangyayari (o nangyari) habang inaatake ang iyong anak at dalhin ang papel na ito sa araw ng konsultasyon ng iyong anak sa neurologist (espesyalista sa utak).

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

### — PAGLALARAWAN SA SUMPONG O ATAKE / DESCRIPTION OF SPELL OR SEIZURE —

 <b>Katawan/ Body</b>	<input type="checkbox"/> buo/ Whole 	<input type="checkbox"/> kanan/ right 	<input type="checkbox"/> kaliwa/ left 	<input type="checkbox"/> hindi masabi/ can't tell ?
 <b>Kilos/ Movement</b>	<input type="checkbox"/> aalog-alog/ jerking 	<input type="checkbox"/> paninigas/ stiffness 	<input type="checkbox"/> aalog-alog at/ jerking and stiffness 	<input type="checkbox"/> hindi masabi/ can't tell ?
 <b>Mata/ Eyes</b>	<input type="checkbox"/> paitaas/ ↑ up 	<input type="checkbox"/> sarado/ closed 	<input type="checkbox"/> pakanan/ → right 	<input type="checkbox"/> pakaliwa/ ← left 
<input type="checkbox"/> nakatitig/ stare 	<input type="checkbox"/> nakatitig at kumukurap/ stare and blink 	<input type="checkbox"/> walang pagbabago/no change 	<input type="checkbox"/> hindi masabi/ can't tell ?	
 <b>Kulay ng Balat/ Skin Color</b>	<input type="checkbox"/> asul/ blue 	<input type="checkbox"/> walang pagbabago/ no change 	<input type="checkbox"/> hindi masabi/ can't tell ?	
 <b>Aksidente/ Accident</b>	<input type="checkbox"/> naihi/ pee 	<input type="checkbox"/> nadumi/ poop 	<input type="checkbox"/> wala/ none	<input type="checkbox"/> hindi masabi/ can't tell ?
 <b>Bibig/ Mouth</b>	<input type="checkbox"/> tuyo/ dry 	<input type="checkbox"/> naglalaway/ drool 	<input type="checkbox"/> bumubula/ foam 	<input type="checkbox"/> nakakagat sa dila/ bite tongue 
 <b>Gaano Kadalas/ How often</b>	<input type="checkbox"/> araw-araw/ daily	<input type="checkbox"/> lingu-linggo/ weekly	<input type="checkbox"/> buwan-buwan/ monthly	<input type="checkbox"/> iba pa/ other _____

### — MATAPOS ANG ATAKE O SUMPONG / AFTER SEIZURE OR SPELL —

<input type="checkbox"/> tulog/ asleep 	<input type="checkbox"/> inaanok/ drowsy 	<input type="checkbox"/> listo/ alert 	<input type="checkbox"/> lito/ confused 	<input type="checkbox"/> di-makakilos/ paralyzed 
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