SEIZURE WITNESS QUESTIONNAIRE

If you need more space, please attach additional page(s).

Name:

Case ID:	SSA Bar Code

1) What is your relationship to the claimant?

2) How long have you known the claimant?

3) How often do you see the claimant?

4) How many times have you seen the claimant having a seizure in the last 12 months?

5) What is the approximate date of the last seizure you witnessed the claimant have in the last 12 months?

6) Describe any changes you notice in the claimant's behavior just before a seizure:

7) Describe what happened to the claimant during a seizure (for example, did the individual lose consciousness, fall down, stare into space, lose bowel or bladder control, bite tongue, have repeated body movements, suffer an injury)?

8) Describe any problems the claimant had after a seizure (for example, confusion, tiredness, difficulty talking or walking) and how long the problems lasted.

9) Did the claimant remember having a seizure?

☐ Yes ☐ No

10) How long does the claimant's seizure typically last?

11) In addition to seizures you have witnessed, do you know about any other seizures the claimant has had?

☐ Yes ☐ No

If yes, explain:

Name of person completing this form (Please print)	Date	Phone

Address

City	State	ZIP Code

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a), and 1631(d) of the Social Security Act, as amended, allow us to collect this information, which we will use to determine benefits eligibility. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, private medical and vocational consultants, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0044, 60-0089, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 45 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401*.