Field Investigator Epilepsy Deaths Form

Witness/Family information

Obtained information from _________________________         Relationship to deceased: ___________________________ ___

Hospital or clinic where treated? _____________________

Did the deceased have epilepsy or a seizure disorder? ☐ 1 Yes 2 No 9 Unknown

When was the victim last seen alive and well? Date: ______/____/____ Time (24 hr) ______:____ OR 9 Unknown

Was the last observed seizure was on the date of death,? ☐ 1 Yes 2 No 9 Unknown

Were medications found at scene? ☐ 1 Yes 2 No 9 Unknown

List drugs and number of pills in bottle

<table>
<thead>
<tr>
<th>Drug</th>
<th>#bottles</th>
<th>#pills</th>
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Death occurred: ☐ 1 at home 2 in a hospital/emergency room 3 Other (specify): ___________________________________

Victim was: ☐ 1 alone at death 2 with someone

Victim found: ☐ 1 prone 2 supine 3 Other (specify): ___________________________________

Seizure description

Instructions – described the usual seizure(s) as narrative; what happens first, then what happens & how does it end

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

When did seizures usually occur: Circle all that apply

Morning  Afternoon  Evening  During sleep  Shortly after awakening

Did the deceased: Circle all that apply

Drink heavily?  Use marijuana?  Have meningitis or encephalitis?  Take antidepressant drugs?

Recently quit drinking?  Use other illicit drugs?  Have prior head injury?  Have brain surgery brain surgery?

Use cocaine?  Take insulin?  Have depression?

Use heroin?  Have chronic health problems? ☐ 1 Yes 2 No 9 Unknown,

if Yes elaborate: _____________________________________________ _____________________________

Which anticonvulsant medication(s) was the patient currently taking? Circle all that apply

☐ No anti-seizure drugs

☐ Acetazolamide (Diamox)

☐ Carbamazepine (Tegretol, Tegretol XR, Carbatrol)

☐ Clonazepam (Klonopin)

☐ Dilantin (Phenytoin) (Diphenylhydantoin)

☐ Ethosuximide (Zarontin)

☐ Ezogabine (Potiga)

☐ Felbatol (Felbatol)

☐ Lacosamide (Lacosamide)

☐ Levetiracetam (Keppra, Keppra XR)

☐ Lorazepam (Ativan)

☐ Oxcarbazepine (Trileptal, Oxtellar XR)

☐ Perampanel (Fycompa)

☐ Phenytoin (Dilantin, Phenytek)

☐ Pregabalin (Lyrica)

☐ Primidone (Mysoline)

☐ Rufinamide (Banzel)

☐ Stiripentol (Diaconit)

☐ Tiagabine (Gabatril)

☐ Topiramat (Topamax)

☐ Vigabatrin (Sabril)

☐ Zonisamide (Zonegran)

☐ Other specified: