STARS

Syncope Trust And Reflex anoxic Seizures®

www.stars.org.uk

## Take Fainting to Heart

*There is no such thing as a simple faint...*

# The Blackouts Checklist

BMA

BMA Patient Information Awards

endorsed by DH Department of Health

Arrhythmia Alliance
www.heartrhythmalliance.org
Affiliate

Working together with individuals, families and medical professionals to offer support and information on syncope and reflex anoxic seizures

**www.stars-international.org**

UK Registered Charity No 1084898

# The Blackouts Checklist

Sometimes during a consultation it can be hard to remember everything. The checklist is designed for you to complete. If you have a friend or family member (witness) who has been with you during a blackout or fall, it is VITAL to ask for their help in filling out parts of the form. Please ensure your witness completes their sections of the Checklist. This will help your GP to refer you to the appropriate specialist to make the right diagnosis.

## Preparing your own CHECKLIST

To give the doctors the best chance of making the right referral or diagnosis you should provide as many details as possible about your blackout(s) or fall(s).

**Name:** .....

**1. List any medication(s) you are currently taking:** .....

.....

**2. Do you experience blackouts, falls or both?** *(Tick as appropriate)*

☐ Blackouts ☐ Falls ☐ Blackouts and Falls

If you experience falls, are they unexplained or due to a slip or trip?

☐ Unexplained ☐ Slip or trip

**3. Do you always lose consciousness? Please ask a witness** *(Tick as appropriate)*

☐ Yes ☐ No

How long are you unconscious for? .....

**4. How frequent are your blackouts or falls?** *(Tick as appropriate)*

☐ Daily ☐ Weekly ☐ Every one to two weeks

☐ Less frequent than every two weeks

**5. Before a blackout or fall did you have any warning signs?** *(Tick as appropriate)*

☐ Light-headedness ☐ Sweating ☐ Nausea

☐ Looking pale ☐ Palpitations ☐ Greying out or dots in vision

☐ Change in hearing ☐ Other (give details below)

.....

**6. Is there anything that triggers your blackout or fall?**

*(Tick as appropriate; if one trigger occurred at one time and another at another time, tick both)*

☐ Pain or a fright ☐ Not eating ☐ Alcohol

☐ Lack of sleep ☐ Stressful situation ☐ Flashing lights

☐ Anxiety ☐ Going from sitting or lying to standing ☐ Standing for a long time

☐ Being very hot ☐ Exercise ☐ Other *(give details below)*

.....

## 7. Describe what happens during your blackout or fall. Please include whether your episodes are identical on each occasion or if there are differences.

If you are not conscious or cannot remember to ask someone who was with you at the time to describe what happened.

Your description .....

Friend or family description .....

WITNESS: Do the individual's limbs move whilst they are unconscious? Do they jerk about randomly or rhythmically?

☐ Randomly ☐ Rhythmically

WITNESS: Do the individual's arms move around their head?

☐ Yes ☐ No

WITNESS: Are the individual's eyes opened or closed?

☐ Don't know ☐ Open ☐ Closed

If open, how do their eyes move? .....

## 8. After your blackout

WITNESS: Following the individual's blackout or fall, how long before they regain consciousness?

After the blackout or fall are you confused on coming around? How long does the feeling last?

How do you feel after a blackout or fall?

Are your blackouts or falls affecting your daily activities or quality of life?

☐ Yes ☐ No

## 9. Family history

| | | | If there is, who/what relation? |
|---|---|---|---|
| Is there a history of loss of consciousness in your family? | ☐ Yes | ☐ No | |
| Is there a history of deafness in your family? | ☐ Yes | ☐ No | |
| Has anyone suffered a sudden cardiac death in your family? | ☐ Yes | ☐ No | |
| Have there been any sudden deaths in the family under 55 years? | ☐ Yes | ☐ No | |

Is the cause known? .....

**Any other questions you would like to ask the doctor or specialist:** .....