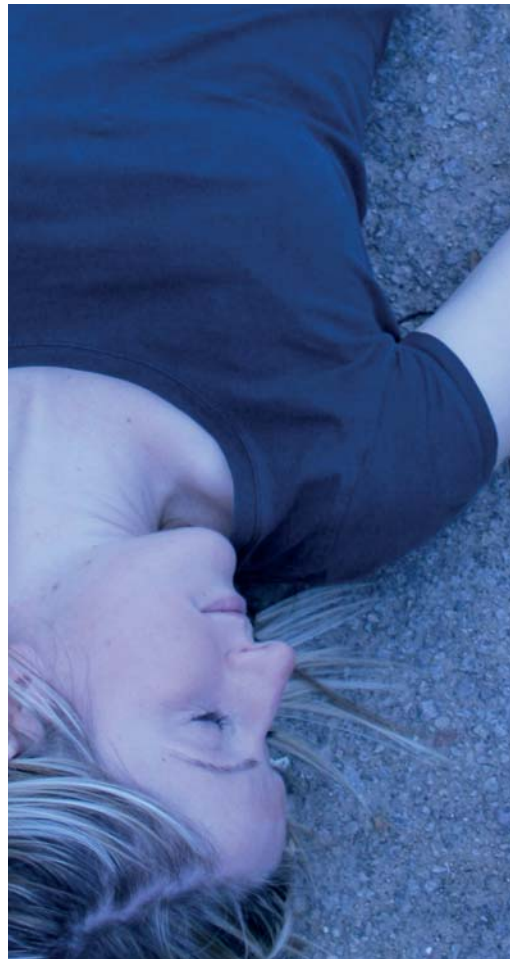


Take Fainting to Heart

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

The Blackouts Checklist



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

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?

If there is, who/what relation?

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

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