






























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 —

 Katawan/ Body	<input type="checkbox"/> buo/ Whole 	<input type="checkbox"/> kanan/ right 	<input type="checkbox"/> kaliwa/ left 	<input type="checkbox"/> hindi masabi/ can't tell ?	
 Kilos/ Movement	<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 ?	
 Mata/ Eyes	<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 ?	
 Kulay ng Balat/ Skin Color	<input type="checkbox"/> asul/ blue 	<input type="checkbox"/> walang pagbabago/ no change 	<input type="checkbox"/> hindi masabi/ can't tell ?		
 Aksidente/ Accident	<input type="checkbox"/> naihi/ pee 	<input type="checkbox"/> nadumi/ poop 	<input type="checkbox"/> wala/ none	<input type="checkbox"/> hindi masabi/ can't tell ?	
 Bibig/ Mouth	<input type="checkbox"/> tuyo/ dry 	<input type="checkbox"/> naglalaway/ drool 	<input type="checkbox"/> bumubula/ foam 	<input type="checkbox"/> nakakagat sa dila/ bite tongue 	<input type="checkbox"/> hindi masabi/ can't tell ?
 Gaano Kadalas/ How often	<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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