**Seizure Study**

Please complete the form each time your glider has a seizure.  All personal information will be kept confidential, per the SUGAR Group's confidentiality policy.

Top of Form



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| **Please complete all fields as completely as possible** |
| **Your Name** |  |
| **Screen Name** |  |
| **Glider's Name** |  |
| **Glider's color (choose one)** |  |
| **Glider's Sex**Male - IntactMale - NeuteredFemale |  |
| **Glider's Age** |  |
| **Date of Seizure** |  |
| **Time of day of Seizure** |  |
| **Describe circumstances just prior to the seizure (what was the glider doing before the seizure?)** |  |
| **Length of seizure (in minutes)** |  |
| **Indicate which of the following the glider exhibited during the seizure (choose all that apply)**Glider became limpFallClonic/Tonic (twitching) movementsGlider became stiffFoam at the mouthOther |  |
| **If "other" behavior was noted, please describe** |  |
| **Length of postictal stage (time that glider was "off" after seizure) - in minutes** |  |
| **Indicate which of the following the glider exhibited during the postictal stage (choose all that apply)**Appears confusedClumsy/unsteadySlow movingWeaknessVery thirstyClimbs into pouch to restcircle top of cagecrabbyDehydrationOther |  |
| **If "other" is noticed during postictal stage, please describe** |  |
| **What did you give the glider to eat/drink after the seizure?** |  |
| **What had the glider had to eat before the seizure?** |  |
| **How long before the seizure had the glider eaten?** |  |
| **Was the glider dehydrated prior to the seizure?**YesNoUnsure |  |
| **Where did the seizure occur? (in cage, play room, bonding pouch, etc)** |  |

Bottom of Form