

Eye Witness Description Form Episode of syncope (collapse)



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

This questionnaire has been given to you because you have witnessed an episode of collapse. Any details you can provide will be of great help to us in making a diagnosis of the cause of this collapse. Could you please answer the questions below and then return the form to the person who suffered the collapse who should bring it with them to their first appointment.

Many thanks for your help.

Details of person suffering syncope:	
Surname:	
First name:	

Date and time of episode:	
Date this questionnaire was completed:	

Your details (please provide your name and a contact telephone number)	
Are you happy for us to contact you in the future?	Yes / No

If you are happy for us to contact you in the future, your details will be kept on the patient's electronic record. They will only be used in the investigation of this episode of collapse.

Question	Yes/No	Description
Immediately before the collapse		
What were they doing? (sitting, standing, lying down, eating, sleeping etc.)		
Was there any exertion or change of posture (running, lifting, when standing up or bending down etc.)		
Was there any emotional upset? (startled, angry, frightened or calm)		
At the start of the collapse		
Please give details, as seen personally by you, of how the collapse started – was it sudden or gradual? Did they fall, injure themselves or cry out? Was one part of the body involved before the rest? (did the collapse start on the left or right side for example)		
How long did initial symptoms last?	minutes / seconds	

Question	Yes/No	Description
During the collapse		
Please give a general description of what happened during the collapse as witnessed by you.		
Was there any loss of consciousness? Could they be roused by shouting or by physical stimulus?		
Were their eyes open or shut? If open in what direction were their eyes turned? If shut, could they be opened?		
What colour was their face? (pale, flushed, blue or natural?)		
Were they breathing noisily, heaving or naturally?		
Did they bite their tongue? If so, was it the tip or the side? Was there frothing at the mouth or blood-stained saliva?		
Did their body and limbs become stiff or remain limp? Was there jerking or other movements of the limbs or body? If jerking/stiffness how long did it last?		
Did they pass faeces or urine?		
How long did the collapse last?	minutes / seconds	

Question	Yes/No	Description
At the end of the collapse		
Did they wake up suddenly or gradually?		
Did they display any confusion, abnormal behaviour, or emotional upset?		
Were they sleepy afterwards?		
Did they feel sick or vomit?		
Was there any lasting weakness of any part of the body?		
How long was it before they seemed entirely normal again?	minutes	

Thank you for completing this questionnaire