

Was loss of consciousness complete? ____ yes ____ no

Was loss of consciousness with rapid onset and short duration? ____ yes ____ no

Was recovery spontaneous, complete, and without sequelae? ____ yes ____ no

Was postural tone lost (fell to the ground)? ____ yes ____ no

Position at time of syncope: Standing, Sitting, Lying

Precipitant Factors (circle any that apply):

fatigue, sleep deprivation, food deprivation,
warm environment, alcohol, pain, strong emotions

Symptoms before (circle any that apply):

faintness, dizziness, light-headedness, vertigo,
weakness, diaphoresis, epigastric discomfort,
nausea, blurred/faded vision, pallor, paresthesias

Estimated duration of loss of consciousness:

Other symptoms (circle any that apply):

confusion about surroundings, oral trauma, incontinence, myalgias

Description of event from patient/other observer:

Family history of cardiac disease: