Episode Observation Log

Name_____ Age or Date of Birth_____

Date	**Time**	**Length of Episode** (Seconds or minutes)	**BEFORE Episode Observations*** (What were they doing?)	**DURING Episode Observations** (You can use numbers below)	**AFTER Episode Observations** (You can use numbers below)	**Comments**

Possible Observations Include:

1. Sudden Stare
2. Unresponsive to name
3. Prompt Recovery (Seconds)
4. Sudden onset nausea
5. Vision problems
6. Jerking of a limb
7. Gradual recover (minutes)
8. Stiffening, convulsive activity
9. Labored breathing
10. Unconsciousness
11. Slow recovery (confused & needing sleep)

ECHO AUTISM COMMUNITIES