

Seizure Diary

Keep your doctor better informed about your seizure history. Use this tool to record your seizure details and share it with your doctor during your next visit.

NAME _____

MONTH / YEAR _____

DATE	SEIZURES WHILE AWAKE TIME/DURATION	SEIZURES WHILE SLEEPING TIME/DURATION	TOTAL HOURS SLEPT	MEDS TAKEN/ TIME	NOTES Rate seizures on a scale of 1-10: 1 being mild, 10 being extreme Include possible triggers
	9am / 3 minutes	-----	7.5	7PM	Seizure level 4, mixing up words. Fully aware afterwards. Possible trigger: took medication later than usual.
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