## **Using a Seizure Diary**

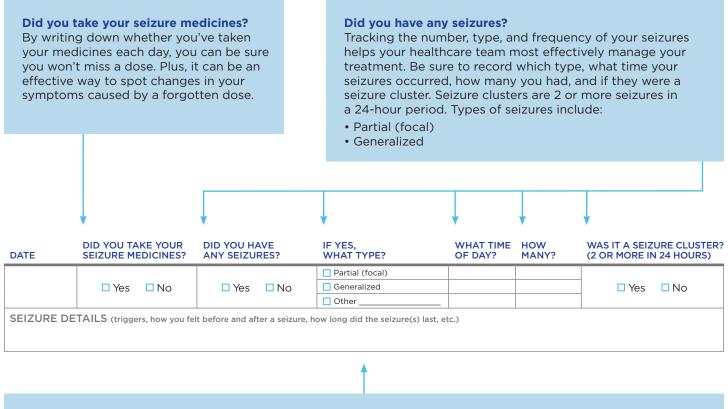
Seizures occur away from the doctor's office. Keeping a seizure diary can be a helpful way to:

- Keep track of each of your seizures
- Record information to share at your healthcare visits
- Identify patterns or triggers that may guide your care

If you are with someone when you have a seizure, please ask them for details to help you fill this out. You can also suggest they take a video or picture to share with your doctor.

Below is an example of an entry for one day. Callouts explain how and why to complete each section. The following page has a blank seizure diary form to get you started.

This information has been provided for your education and to improve communication with your healthcare team.



## Seizure Details (triggers, how you felt after a seizure, etc.)

Use this space to record more details about your seizures. This may include any seizure triggers identified, how you felt after a seizure, symptoms experienced, or even questions to ask your doctor at your next visit.

## **Seizure Diary**

This seizure diary is a quick, simple way to record your day-to-day experience with epilepsy. Be sure to take your completed diary with you to share with your doctor at your next healthcare appointment.

DATE	DID YOU TA		DID YOU HA		IF YES, WHAT TYPE?	WHAT TIME OF DAY?	HOW MANY?	WAS IT A SEIZURE CLUSTER (2 OR MORE IN 24 HOURS)
				□No	Partial (focal)			
	☐ Yes	□No	☐ Yes		Generalized			☐ Yes ☐ No
					Other	_		
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
		□ No □ Yes		Partial (focal)				
	☐ Yes		□ Yes	□No	☐ Generalized			☐ Yes ☐ No
					Other			
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
		□No	□ Yes	□No	Partial (focal)			
	☐ Yes				☐ Generalized			☐ Yes ☐ No
					Other			
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
			□ No □ Yes	□No	Partial (focal)			
	☐ Yes	□ No			☐ Generalized			☐ Yes ☐ No
					Other			
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
		_		□No	Partial (focal)			
	☐ Yes	□ No	☐ Yes		Generalized			☐ Yes ☐ No
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
			□ Yes	□No	Partial (focal)			
	☐ Yes	□ No			Generalized			☐ Yes ☐ No
					Other	_		
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
				□No	Partial (focal)			
	☐ Yes	□No	☐ Yes		Generalized			☐ Yes ☐ No
					Other	_		
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		
			□ No □ Yes	□No	Partial (focal)			
	☐ Yes	□No			Generalized			☐ Yes ☐ No
					Other	_		
SEIZURE DE	TAILS (trigge	ers, how you fe	It before and af	ter a seizure,	how long did the seizure(s) last	t, etc.)		