

**SEIZURE LOG**

For the Week of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Instructions: Please fill in the diary at the end of each day to record the number and descriptions listed. This information will be reviewed with your physician at each appointment.

Init: \_\_\_\_\_  
ID: \_\_\_\_\_  
Week: \_\_\_\_\_  
Type: \_\_\_\_\_

SUNDAY \_\_\_/\_\_\_/\_\_\_ (day 1)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration (sec or min): \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

THURSDAY \_\_\_/\_\_\_/\_\_\_ (day 5)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

MONDAY \_\_\_/\_\_\_/\_\_\_ (day 2)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

FRIDAY \_\_\_/\_\_\_/\_\_\_ (day 6)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

TUESDAY \_\_\_/\_\_\_/\_\_\_ (day 3)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

SATURDAY \_\_\_/\_\_\_/\_\_\_ (day 7)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

WEDNESDAY \_\_\_/\_\_\_/\_\_\_ (day 4)  
Number of Seizures: \_\_\_\_\_  
Time(s) of day: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Description: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Severity (1: mild, 2: mod, 3: severe): \_\_\_\_\_  
Trigger(s): \_\_\_\_\_  
Precursor(s): \_\_\_\_\_  
Improved with: \_\_\_\_\_  
Impact on your day: \_\_\_\_\_  
Impact on others: \_\_\_\_\_

Use **the space below or on back** to describe any significant information not covered in this record:

Were you successful in stopping any seizures this week:  
yes  no

Please mark which seizures you stopped with an asterisk (\*).

Total: \_\_\_\_\_ Rater: \_\_\_\_\_