Seizures Diary

Seizure Type A: _____ **Seizure Type B:** _____
Seizure Type C: _____ **Seizure Type D:** _____

Medications taken: _____

Day#	Sleep Seizures	Waking Seizures	Time of Seizures	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

Seizure Diary
Instructions

A seizure diary is helpful for recording the number of different types of seizures, identifying possible triggers, and monitoring your respone to therapy. Each seizure is recorded in the diary, including the time it occurred, medication changes, menstrual cycle or illness.

1. Record ALL seizures that occur over 31 days. One you have completed one Seizure Diary for 31 days, you will need to start another page on Day #1.
2. Seizure Types. If you have more than one type of seizure, fill in the "Seizure Types" at the top of the page. This assigns each seizure type to a letter code that you will enter in the Diary. If you experience only one type of seizure, you can skip this step.
3. As seizures occur, record them in the chart. If they occurred during sleep, write them in the "sleep seizure" column. If they occurred while you were awake, write them in the "waking seizures" column.
4. Record the number of seizures that occurred during that time using the letter code to describe the seizure type. For instance if you had two "B type" seizures while you were awake, you would write 2B in the "waking seizure" column.
5. Record the time the seizures occurred in the next column.
6. If no seizure occurred during the day, write "no seizure."
7. Use the Comments column to write down any additional information, such as:
   - Changes in the type or dose of your anti-epileptic medication (s).
   - Any missed does of medication.
   - Any illnesses or physical symptoms.
   - For women, note if you are premenstrual or having your period.
   - Any other medications you have taken, including over the counter and herbal medications.
   - Make note of any other factors that you think might be a trigger for the seizure, such as alcohol, mood changes, bad news, excitement, stress, missed or delayed meals, or excessive fatigue.
8. Add up the totals of the end of the month.

The following examples illustrate how to use the Diary.

- Example for 1st Day: If you had one seizure while you were awake, of the type which you described as type "B", you would write '1B' in the column for waking seizures. If no seizure occurred while asleep, write "no seizure" in the "sleep seizures" column.
- Example for 2nd Day: If you had no seizures during the day or night, write "no seizure" in both columns.
- Example for 3rd Day: If you had one seizure while sleeping, of the type you described as type "A", you would write 1A in the Sleep Seizure" column. If you had one seizure while awake, of the type you described as type B, you would write "2B" in the waking seizures" column.

Seizure #	Sleep Seizure	Waking Seizures	Time of Seizure	Comments
1	No seizure	1B	7a	Feeling stressed, missed morning dose
2	No seizure	No seizure		
3	1A	1B	2am, 3pm	Period started in afternoon. Headache