SEIZURE DIARY

A seizure diary is a good way of keeping track of your focal seizures. It can help you and your health care provider understand how severe the seizures are, how long they last, possible triggers to consider, and more.

Once you're done filling out this diary, email it to a member of your health care team. He or she can use it to determine how well you're doing and what, if anything, needs to happen next in your treatment plan.

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below and on the next page.

Once you've completed the entire diary, email it to your health care provider so he or she can better understand your focal seizures.

DATE:

TIME:

How long did your seizure last?

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, select the number that best captures the severity of your seizure:



LEAST SEVERE

BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed? YES NO
Did you experience any warning signs before your seizure? Ores Ores
(Questions continue on the next page.)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <u>www.fda.gov/medwatch</u> or call 1-800-FDA-1088.

The information and advice published or made available through this diary are for informational purposes only and are not a substitute for professional, medical, or legal advice or services. Always talk to your doctor or health care provider before making any medical decisions.

DURING YOUR SEIZURE

Did you remain aware of events going on around you? Ores Oro
Were you able to communicate? YES NO
Which side of your body was affected? O RIGHT LEFT BOTH SIDES
Did you experience body movement that was repetitive or automatic? YES NO
Did you experience muscle stiffness? O YES O NO
If so, where? ARM LEG ENTIRE BODY
Did you experience muscle twitching? 🔷 YES 🔷 NO
If so, where? ARM LEG ENTIRE BODY

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):