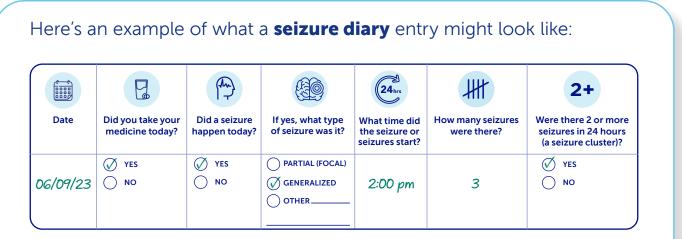
How to Use a Seizure Diary

From home to school, seizures can happen anywhere. This seizure diary is a helpful way to:

- Track how many seizures your child has
- Always have a record to share with your child's healthcare provider
- See if there are patterns in what triggers your child's seizures

As your child gets older, you can use this diary to help them get in the habit of tracking their own seizures. In addition to writing down seizures in the diary, you can also take videos or pictures of your child's seizures to share with their healthcare provider.



SEIZURE DETAILS: For example, was there a trigger to the seizure? How did your child feel before and after the seizure? How long did the seizure last?

SEIZURE DIARY

This seizure diary is an easy way to keep track of your child's seizures and share the information with their healthcare provider. Make sure to bring this seizure diary to your child's healthcare appointments.

| Date | Did you take your medicine today? | Did a seizure happen today? | If yes, what type of seizure was it? | 24 _{hrs} What time did the seizure or seizures start? | How many seizures were there? | 2+ Were there 2 or more seizures in 24 hours (a seizure cluster)? |
|------|-----------------------------------|--------------------------------|---|--|----------------------------------|---|
| | VES | VES | PARTIAL (FOCAL) GENERALIZED OTHER | | | VES NO |

SEIZURE DETAILS: For example, was there a trigger to the seizure? How did your child feel before and after the seizure? How long did the seizure last?

Did you take your Did a seizure If yes, what type of What time did Were there 2 or more How many seizures Date medicine today? happen today? seizure was it? the seizure or were there? seizures in 24 hours seizures start? (a seizure cluster)?) YES () YES) PARTIAL (FOCAL) () YES GENERALIZED) NO () NO () NO OTHER_

SEIZURE DETAILS: For example, was there a trigger to the seizure? How did your child feel before and after the seizure? How long did the seizure last?

| Date | Did you take your medicine today? | Did a seizure happen today? | If yes, what type of seizure was it? | What time did the seizure or seizures start? | How many seizures were there? | 2+ Were there 2 or more seizures in 24 hours (a seizure cluster)? |
|------|-------------------------------------|--------------------------------|---|--|----------------------------------|---|
| | YES NO | VES | PARTIAL (FOCAL) GENERALIZED OTHER | | | ○ YES○ NO |

SEIZURE DETAILS: For example, was there a trigger to the seizure? How did your child feel before and after the seizure? How long did the seizure last?

| Date | Did you take your medicine today? | Did a seizure happen today? | If yes, what type of seizure was it? | Q4 _{hrs} What time did the seizure or seizures start? | How many seizures were there? | 2+ Were there 2 or more seizures in 24 hours (a seizure cluster)? |
|------|-------------------------------------|--------------------------------|---|--|----------------------------------|---|
| | YES NO | | PARTIAL (FOCAL) GENERALIZED OTHER | | | ○ YES○ NO |

SEIZURE DETAILS: For example, was there a trigger to the seizure? How did your child feel before and after the seizure? How long did the seizure last?

