

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 can be used for daily entry.

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

Did you take your seizure medicine(s)?
By writing down whether you’ve taken your medicine(s) each day, you can be sure you won’t miss a dose. Plus, it can be an effective way to spot changes in your symptoms caused by a forgotten dose.

Did you have any seizures?
Tracking the number, type, and frequency of your seizures helps your healthcare team most effectively manage your treatment plan. Check yes or no to record any seizures you had. If you did have a seizure, be sure to record which type of seizure: small (Partial-Onset Seizure) or big (Generalized Seizure), how many of each you experienced, and what time during the day they occurred.

DATE	DID YOU TAKE YOUR SEIZURE MEDICINE(S)?	DID YOU HAVE ANY SEIZURES?	IF YES, WHAT TYPE?	HOW MANY?	WHAT TIME OF DAY?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure)		
			<input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					

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 before and 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 TAKE YOUR SEIZURE MEDICINE(S)?	DID YOU HAVE ANY SEIZURES?	IF YES, WHAT TYPE?	HOW MANY?	WHAT TIME OF DAY?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small (Partial-Onset Seizure) <input type="checkbox"/> Big (Generalized Seizure)		
SEIZURE DETAILS (triggers, how you felt before and after a seizure, etc.)					

