

<b>Date:</b> _____	<b>Time:</b> _____	<b>Length:</b> ___ min. ___ sec.	<b>Flag It</b>
<b>Type:</b> <input type="checkbox"/> Simple Partial <input type="checkbox"/> Complex Partial <input type="checkbox"/> Tonic Clonic <input type="checkbox"/> Myoclonic <input type="checkbox"/> Atonic <input type="checkbox"/> Absence <input type="checkbox"/> Unknown			
<b>Mood:</b> <input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Bad <b>OTC Medications</b> _____			
<b>Possible Triggers:</b> <input type="checkbox"/> Changes in Medication (including late or missed) <input type="checkbox"/> Overtired or irregular sleep <input type="checkbox"/> Alcohol or drug use <input type="checkbox"/> Irregular Diet <input type="checkbox"/> Bright or flashing lights <input type="checkbox"/> Fever or overheated <input type="checkbox"/> Emotional Stress <input type="checkbox"/> Sick – Describe _____ <input type="checkbox"/> Other _____			
Trigger notes: _____			
<b>Description:</b> <input type="checkbox"/> Change in awareness <input type="checkbox"/> Loss of urine or bowel control <input type="checkbox"/> Loss of ability to communicate <input type="checkbox"/> Automatic repeated movements <input type="checkbox"/> Muscle stiffness in _____ <input type="checkbox"/> Aura <input type="checkbox"/> Muscle twitch in _____ <input type="checkbox"/> Other _____			
Description notes: _____			
<b>Post event:</b> <input type="checkbox"/> Unable to communicate <input type="checkbox"/> Remembers event <input type="checkbox"/> Sleepy <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Other _____			
Post event notes: _____			
<input type="checkbox"/> Entered @ SeizureTracker.com			

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Log multiple similar events below-

<b>Date:</b> _____	<b>Time:</b> _____	<b>Length:</b> ___ min. ___ sec.	<input type="checkbox"/> Entered @ SeizureTracker.com
<b>Mood:</b> <input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Bad			

Log multiple similar events below-

<b>Date:</b> _____	<b>Time:</b> _____	<b>Length:</b> ___ min. ___ sec.	<input type="checkbox"/> Entered @ SeizureTracker.com
<b>Mood:</b> <input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Bad			

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