Date:__________**Time**:__________**Length**:____min. ____sec. **Flag It**

Type: ☐ Simple Partial ☐ Complex Partial ☐ Tonic Clonic ☐ Myoclonic
☐ Atonic ☐ Absence ☐ Unknown

Mood: ☐ Good ☐ Normal ☐ Bad **OTC Medications**__________________

Possible Triggers: ☐ Changes in Medication (including late or missed)
☐ Overtired or irregular sleep ☐ Alcohol or drug use ☐ Irregular Diet
☐ Bright or flashing lights ☐ Fever or overheated ☐ Emotional Stress
☐ Sick – *Describe*_______________ ☐ Other______________________
Trigger notes:____

Description: ☐ Change in awareness ☐ Loss of urine or bowel control
☐ Loss of ability to communicate ☐ Automatic repeated movements
☐ Muscle stiffness in_______________ ☐ Aura
☐ Muscle twitch in________________ ☐ Other____________________
Description notes:____

Post event: ☐ Unable to communicate ☐ Remembers event
☐ Sleepy ☐ Muscle weakness
☐ Other_____________________________
Post event notes:____

☐ **Entered @ SeizureTracker.com**

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