# Seizure Recording Forms

### Why Record Seizures

In order to help understand a person's seizures, it is important to know when seizures occur, what they look like, and what factors may be associated with the episodes. A seizure journal provides a simple and effective way to record this essential information.

A seizure journal can help facilitate discussion during check-ups, and help you remember important information. By bringing useful and specific information to your doctor, it may aid in diagnosis and decisions on possible treatment options. It may also help you to note any patterns or triggers.

### What to Record

The most important information to record is when a seizure (or suspected seizure) occurred, and what happened before, during, and after. Additional details can be included in the "Notes" section of the journal.

Other useful information includes possible seizure triggers, such as missed or late medication, sleep deprivation, fever, and/or illness. For women, it may also be useful to record the dates of the menstrual cycle. You may wish to record other details, such as times of stress, or major changes to your lifestyle and schedule.

### Recording Options

Given the different lifestyles, preferences, and symptoms of people with epilepsy, different journal formats are useful for different people. Your doctor may also have a preference in the type of journal he or she would prefer to read, and keep in your records. For this reason, the BC Epilepsy Society has put together three options: a year chart, a month calendar, and a year calendar. Keep blank copies of the journal for future use, and store completed journals for future reference. All three types are available at www.bcepilepsy.com or from the BC Epilepsy Society office.

### Instructions

The three journal types are explained on the next page. All three journals have a key below the chart or calendar that allows you to create abbreviations for your seizure types and triggers.

**Example:**

Seizure Type and Description:

A. Tonic-Clonic

B. Left arm jerked (Myoclonic)

C. _____

Triggers:

1. Change in Medication

2. Change in Sleep Schedule

3. Got sick

## Year Chart

This journal format may be useful for people who would like to see their information lined up from month to month. You may also like to transfer a monthly journal to this chart for concise records. Use the key below the chart to describe seizure types and assign numbers to potential triggers, as in the example above.

Example: Tonic-Clonic seizure on the second day of January

|  | Jan |
|---|---|
| 1. | 1 |
| 2. | A |
| | |
| | |

3.

4.

Notes:

January 2$^{nd}$ – 4 minute seizure at 5 am, missed morning medication dose on January 1$^{st}$

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## Month Calendar

This journal format may be useful for people who would like to use a familiar system. Plans such as medication changes or upcoming events can also be recorded. Use the key below the calendar to describe seizure types and assign numbers to potential triggers, as in the example above.

Example: Tonic-Clonic seizure on the second day of the month.

| Sunday | Monday | Tuesday | Wednesday |
|---|---|---|---|
| | 1)<br>1. missed morning dose | 2)<br>A. 5am, 4 min | 3) |

## Month Chart

This journal format may be useful for people who would like to see their information from day to day. Use the key below the chart to describe seizure types and assign letters to potential triggers, as in the example above.

Example: Tonic-Clonic seizure on the second day of January.

|  | 1 | 2 | 3 |
|---|---|---|---|
| Seizure | | X | |
| Seizure Type | | A | |
| Sleep (hrs) | 8 | 7 | 8 |

Notes:

January 2$^{nd}$ – 4 minute seizure at 5 am, missed morning medication dose on January 1$^{st}$

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Approved for circulation in November 2009 (ks)

Year: _____

| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | |

Seizure Type and Description:          Triggers:

A. _____    1.  Change in Medication

B. _____    2.  Change in Sleep Schedule

 C._____    3. _____

                                  4. _____

                                  5. _____

Notes:

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Month: _____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |
|        |        |         |           |          |        |          |

Seizure Type and Description:

A. _____

B. _____

C. _____

Triggers and Events:

1. Change in Medication

2. Change in Sleep Schedule

3. _____

4. _____

Notes:

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Month: _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Seizure (Y/N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seizure Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleep (Hrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Med Change (Y/N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Illness (Y/N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Seizure Type and Description:

A. _____

B. _____

C. _____

Triggers and Events:

D. _____

E. _____

F. _____

Notes:

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