
SEIZURE DIARY

A DIARY
TO HELP YOU
KEEP TRACK
OF YOUR
PARTIAL-ONSET
SEIZURES

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

With this diary, you'll be able to keep track of the partial-onset seizures you have. Jot down questions and share your thoughts and experiences with your health care team during your next visit. It may be useful to track how you are feeling emotionally, socially, your energy levels, and any treatment side effects you may be having. It also may be helpful to record the details surrounding episodes and recurring symptoms you have so you can share them with your health care provider.

TRACKING YOUR SEIZURE

TRACKING AND MONITORING

After each seizure you have, try to answer the questions below. Then bring this record of your seizures to your next appointment and share it with your health care provider.

DATE _____ TIME _____ How long did your seizure last? _____

How severe was your seizure?

On a scale of 1 to 10, with 1 being the least severe and 10 being the most severe, circle the number that best captures the severity of your seizure:



BEFORE YOUR SEIZURE

What activities were you engaged in?

What medications were you taking—and at what dose?

Did you take these medications as prescribed?

Yes No

Did you experience any warning signs before your seizure?

Yes No

DURING YOUR SEIZURE

Did you remain aware of events going on around you?

Yes No

Did you experience muscle stiffness?

Yes No

Were you able to communicate?

Yes No

If so, where?

Arm Leg Entire Body

Which side of your body was affected?

Left Right Both Sides

Did you experience muscle twitching?

Yes No

Did you experience body movement that was repetitive or automatic?

Yes No

If so, where?

Arm Leg Entire Body

Other seizure symptoms your doctor should know (tongue biting, wandering, fall, injury, etc.):

Other information your doctor should know (stress, changes in medication, side effects, sudden mood swings, etc.):

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