Date:Time:Length:minsec.	og Sheet
9 — — — — — — — — — — — — — — — — — — —	Length:minsec.
Number of events in cluster Number of spasms in cluster	er Severity: 1 \Boxed{1} 2 \Boxed{1} 3 \Boxed{1} 4 \Boxed{1} 5 \Boxed{1}
Mood: ☐ Good ☐ Normal ☐ Bad OTC Medications Mood: ☐ Good ☐ Normal ☐	Bad OTC Medications
Possible Triggers: ☐ Changes in Medication (including late or missed) Possible Triggers: ☐ Changes in Medication (including late or missed)	Changes in Medication (including late or missed)
	☐ Alcohol or drug use ☐ Irregular Diet
	Fever or overheated ☐ Emotional Stress
☐ Hormonal fluctuations ☐ Sick – Describe ☐ Hormonal fluctuations ☐	
□ Other □ Other	
Trigger notes: Trigger notes:	
Description : ☐ Change in awareness ☐ Loss of urine or bowel control ☐ Change in Cha	awareness Loss of urine or bowel control
	cate
☐ Muscle stiffness in ☐ Aura ☐ Muscle stiffness in ☐	
☐ Muscle twitch in ☐ Other ☐ Muscle twitch in ☐ Mu	
Description notes: Description notes:	
Post event: ☐ Unable to communicate ☐ Remembers event ☐ Unable to	communicate
☐ Sleepy ☐ Muscle weakness ☐ Sleepy ☐ Sleepy ☐ Muscle weakness ☐ Sleepy ☐ Muscle weakness ☐ Sleepy ☐ Muscle weakness ☐ Sleepy ☐ Sleepy ☐ Muscle weakness ☐ Sleepy ☐	akness Sleepy
Post event notes: Post event notes:	
□ E-41 @ C-4T1	
☐ Entered @ SeizureTracker.com ☐ Entered	red @ SeizureTracker.com
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Log multiple similar events below- Date: Time: Length: min sec.	elow- Length: min. sec.
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☐ Entered @ SeizureTracker.com

Mood: ☐ Good ☐ Normal ☐ Bad