<table>
<thead>
<tr>
<th>Date: __________</th>
<th>Time: __________</th>
<th>Length: ___ min. ___ sec.</th>
<th>Flag it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: □ Simple Partial □ Complex Partial □ Secondary Generalized □ Atonic □ Tonic □ Clonic □ Tonic-Clonic □ Myoclonic □ Absence □ Atypical Absence</td>
<td>Mood: □ Good □ Normal □ Bad</td>
<td>Over the counter Medications</td>
<td></td>
</tr>
<tr>
<td>□ Infantile Spasms (cluster) □ Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Possible Triggers:**

- □ Changes in Medication (including late or missed)
- □ Overtired or irregular sleep □ Irregular Diet
- □ Alcohol or drug use □ Bright or flashing lights
- □ Fever or overheated □ Emotional Stress
- □ Hormonal fluctuations
- □ Sick – *Describe* __________________________
- □ Other __________________________

**Description notes:**

- □ Change in awareness
- □ Loss of urine or bowel control
- □ Loss of ability to communicate □ Had an Aura
- □ Automatic repeated movements
- □ Muscle stiffness in __________________________
- □ Muscle twitch in __________________________
- □ Other __________________________

**Post event notes:**

- □ Remembers event □ Unable to communicate
- □ Sleepy □ Other __________________________

**Post event notes:**

- □ Entered @ SeizureTracker.com

---

**Date: __________ | Time: __________ | Length: ___ min. ___ sec. | Flag it |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: □ Simple Partial □ Complex Partial □ Secondary Generalized □ Atonic □ Tonic □ Clonic □ Tonic-Clonic □ Myoclonic □ Absence □ Atypical Absence</td>
<td>Mood: □ Good □ Normal □ Bad</td>
<td>Over the counter Medications</td>
<td></td>
</tr>
<tr>
<td>□ Infantile Spasms (cluster) □ Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Possible Triggers:**

- □ Changes in Medication (including late or missed)
- □ Overtired or irregular sleep □ Irregular Diet
- □ Alcohol or drug use □ Bright or flashing lights
- □ Fever or overheated □ Emotional Stress
- □ Hormonal fluctuations
- □ Sick – *Describe* __________________________
- □ Other __________________________

**Description notes:**

- □ Change in awareness
- □ Loss of urine or bowel control
- □ Loss of ability to communicate □ Had an Aura
- □ Automatic repeated movements
- □ Muscle stiffness in __________________________
- □ Muscle twitch in __________________________
- □ Other __________________________

**Post event notes:**

- □ Remembers event □ Unable to communicate
- □ Sleepy □ Other __________________________

**Post event notes:**

- □ Entered @ SeizureTracker.com

---

**Date: __________ | Time: __________ | Length: ___ min. ___ sec. | Flag it |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: □ Simple Partial □ Complex Partial □ Secondary Generalized □ Atonic □ Tonic □ Clonic □ Tonic-Clonic □ Myoclonic □ Absence □ Atypical Absence</td>
<td>Mood: □ Good □ Normal □ Bad</td>
<td>Over the counter Medications</td>
<td></td>
</tr>
<tr>
<td>□ Infantile Spasms (cluster) □ Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Possible Triggers:**

- □ Changes in Medication (including late or missed)
- □ Overtired or irregular sleep □ Irregular Diet
- □ Alcohol or drug use □ Bright or flashing lights
- □ Fever or overheated □ Emotional Stress
- □ Hormonal fluctuations
- □ Sick – *Describe* __________________________
- □ Other __________________________

**Description notes:**

- □ Change in awareness
- □ Loss of urine or bowel control
- □ Loss of ability to communicate □ Had an Aura
- □ Automatic repeated movements
- □ Muscle stiffness in __________________________
- □ Muscle twitch in __________________________
- □ Other __________________________

**Post event notes:**

- □ Remembers event □ Unable to communicate
- □ Sleepy □ Other __________________________

**Post event notes:**

- □ Entered @ SeizureTracker.com