<table>
<thead>
<tr>
<th>VNS Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date:</strong> __________________</td>
</tr>
<tr>
<td>Implant Model Number:_______ Implant Date:_____________</td>
</tr>
</tbody>
</table>

### Constant Settings
- **Output Current:** _____
- **Signal Frequency:** _____
- **Pulse Width:** ______
- **On Time:**_____
- **Off Time:**_____

### Side Effects: Select any that apply
- [ ] Hoarseness or Voice Changes
- [ ] Neck Discomfort
- [ ] Cough
- [ ] Shortness of Breath
- [ ] Mood Changes
- [ ] Weight Changes
- [ ] Other _________________________________

**Tolerability:** ____ (tolerable 1-10 not tolerable)

### Magnet Settings
- **Output Current:** _____
- **Pulse Width:** ______
- **On Time:**_____

*Were daily magnet swipes scheduled and performed?*
- [ ] Yes
- [ ] Frequently
- [ ] Rarely
- [ ] Never

### Notes:
- [ ] Entered @ SeizureTracker.com

*These questions are meant to be revisited after setting changes are made.