<table>
<thead>
<tr>
<th>Date:_____________</th>
<th>Time:_________________</th>
<th>Length:____min.____sec.</th>
<th>Flag It</th>
</tr>
</thead>
</table>

**Type:**
- [ ] Simple Partial
- [ ] Complex Partial
- [ ] Secondary Generalized
- [ ] Atonic
- [ ] Tonic
- [ ] Clonic
- [ ] Tonic-Clonic
- [ ] Myoclonic
- [ ] Atypical Absence
- [ ] Absence
- [ ] Infantile Spasms (cluster)
- [ ] Unknown

**Mood:**
- [ ] Good
- [ ] Normal
- [ ] Bad

**Possible Triggers:**
- [ ] Changes in Medication (including late or missed)
- [ ] Overtired or irregular sleep
- [ ] Alcohol or drug use
- [ ] Irregular Diet
- [ ] Bright or flashing lights
- [ ] Fever or overheated
- [ ] Emotional Stress
- [ ] Hormonal fluctuations
- [ ] Sick – Describe________________________
- [ ] Other____________________

**Description notes:**

**Post event:**
- [ ] Unable to communicate
- [ ] Remembers event
- [ ] Sleepy
- [ ] Muscle weakness
- [ ] Sleepy

**Post event notes:**

**Trigger notes:**

Log multiple similar events below-

**Entered @ SeizureTracker.com**

This form and more are downloadable at www.SeizureTracker.com/MainSuppDocs.php

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