

Seizure Journal

The *Seizure Journal* is a resource for you and your child's doctor to keep track of important information including: seizure descriptions, seizure frequency, time of day seizures occur, triggers, medications, possible side effects, etc.

Your child's journal is set up with the following sections: Seizure History, Seizure Report, Medications, Trigger Report and Questions for Your Child's Doctor.

PERSONAL INFORMATION
Name:
Age:
Person to contact in case of emergency:
Phone #:
Neurologist:
Phone #:
Family Doctor/Pediatrician:
Phone #:
Allergies:

SEIZURE HISTORY
Age at time of first seizure:
What is typical seizure frequency?
What is the longest period without a seizure?
List diagnostic tests and results:
EEG:
CT:
MRI:
Other:

SEIZURE REPORT

Name of seizure type(s) if known, or description.

Example - "Absence seizure", or "eye fluttering and brief loss of consciousness."

A

B

C

D

BEFORE

(What typically happens before a seizure? How does your child feel? Are there specific triggers? Please list for each seizure type/description):

A

B

C

D

DURING

(Describe what happens during each seizure type described above — the more specific, the better):

A

B

C

D

AFTER (Describe what typically happens after each seizure — Is your child confused? For how long? Does he or she sleep? For how long? Does he or she feel weak? How? How long does it take your child to fully recover?):

A

B

C

D

Average Duration and Frequency

(for each seizure type in seconds or minutes and number per day, week or month)

A

B

C

D

QUESTIONS TO ASK MY DOCTOR

DATE:

1

2

3

4
