

# seizure diary

This is an A4 version of our seizure diary.  
You can print pages as you need them.

## how to use this diary

Fill in the sections of the diary that are relevant to you, in as much detail as you want to. It might be helpful to ask your doctors what information they would like you to note down.

You might like to think about the following to help you look at any changes to your seizures:

- what your seizures are like;
- how often they happen;
- whether you have noticed any situations that trigger (bring on) your seizures;
- whether your medication is working; and
- if you have any side effects.

## filling in the diary

Pages 3 to 6 are for details of your seizures. Use one line per day. The dates are written in for you, and you can add the month at the top.

If you have lots of seizures in a day, you could ignore the printed dates and use one line per seizure. Remember to add the date.

Pages 4 and 6 also include a summary chart for the month called 'My seizures at a glance'. You can fill in one small box for each seizure, against the date you had it. For example, if you had one seizure on the 1st of the month, two on the 3rd and one on the 6th, it would look like this:

Number of seizures (one box per seizure)

1	2	3	4	5	6	7	8	

Dates of the month

## my details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel/mobile \_\_\_\_\_

GP \_\_\_\_\_

Surgery \_\_\_\_\_

Tel \_\_\_\_\_

Neurologist \_\_\_\_\_

Hospital \_\_\_\_\_

Tel \_\_\_\_\_

Epilepsy nurse \_\_\_\_\_

Tel \_\_\_\_\_

### Emergency contact person

Name \_\_\_\_\_

Tel/mobile \_\_\_\_\_

Relationship to me \_\_\_\_\_

## my seizures

You can use this section to record all about your seizures. If you have more than one type of seizure you can give each one a code, for example A, B and C. You can use these codes when filling in the diary.

**Seizure type 1** and what happens to me:

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I call this seizure: \_\_\_\_\_

You can help me by: \_\_\_\_\_

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This is how I feel afterwards:

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**Seizure type 2** and what happens to me:

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I call this seizure: \_\_\_\_\_

You can help me by: \_\_\_\_\_

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This is how I feel afterwards:

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**Seizure type 3** and what happens to me:

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I call this seizure: \_\_\_\_\_

You can help me by: \_\_\_\_\_

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This is how I feel afterwards:

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**Seizure type 4** and what happens to me:

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I call this seizure: \_\_\_\_\_

You can help me by: \_\_\_\_\_

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This is how I feel afterwards:

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Month _____	Time of seizure	Seizure code	Awake or asleep	Length of seizure	<b>Comments.</b> How many seizures? Any warning? Triggers? Recovery time? Emergency medication taken? Hospital treatment? Medication changes? How did you feel?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Month _____	Time of seizure	Seizure code	Awake or asleep	Length of seizure	Comments. How many seizures? Any warning? Triggers? Recovery time? Emergency medication taken? Hospital treatment? Medication changes? How did you feel?
<b>21</b>					
<b>22</b>					
<b>23</b>					
<b>24</b>					
<b>25</b>					
<b>26</b>					
<b>27</b>					
<b>28</b>					
<b>29</b>					
<b>30</b>					
<b>31</b>					
<b>Summary</b>					

## my seizures at a glance

Fill in a box for each seizure you have had, against the right day of the month. You could fill in the boxes in different colours for different types of seizure if you like.

Month \_\_\_\_\_

Number of seizures (one box per seizure)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										

Dates of the month

Month _____	Time of seizure	Seizure code	Awake or asleep	Length of seizure	<b>Comments.</b> How many seizures? Any warning? Triggers? Recovery time? Emergency medication taken? Hospital treatment? Medication changes? How did you feel?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



## my epilepsy medication

I take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You can use the space below to note any **changes** to your medication type or dose and any side effects you may have noticed.

Drug name	Dose	Details of dates and any changes	Side effects or comments

## my appointments

Date	Time	Who with	Where

## how I feel

Epilepsy is more than 'just having seizures' and managing epilepsy is more than 'just taking the tablets'. How you feel about having epilepsy and taking medication might be different to how other people feel. And this might change over time: sometimes you may feel OK about your epilepsy, and other times you may not.

Some people are happy with taking their medication and consider this part of managing their epilepsy. Others may be uncomfortable or have concerns about taking medication, and this can be for lots of different reasons.

If there are any reasons why you don't want to take your medication, or if you have any concerns, you may find it helpful to talk to a friend or to your doctor. Alternatively, you can call our confidential Epilepsy Helpline.

## practical issues

Some people have practical difficulties with taking medication. This might be getting the pills out of the packet, remembering to take them, or having difficulty swallowing them. Here are some things that might help.

- Having a routine for taking your tablets can help – for example always taking them at breakfast and dinner time, evenly spaced out.
- You can buy drug wallets to hold your medication for each day of the week, so you can easily see when you have taken it.
- Some drug wallets have alarms to remind you when to take your medication, or perhaps you could set an alarm on your mobile phone or watch to remind you?

- Some chemists sell aids that can help you to remove tablets from the blister packs.
- If you have problems with swallowing your medication, talk to your doctor about whether there are other formulations you can take (such as liquids or sprinkles).

You can ask your doctor about any of these things, or call our confidential Epilepsy Helpline (see back cover for contact details).

## my questions

You can use the space below to write down any questions you want to ask your doctor, or notes of anything you want to remember. For example, you might like to think about three key things that you want to ask about, or get across, at your next appointment. You could also use it to write down the answers.

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Epilepsy Society, Chesham Lane  
Chalfont St Peter, Bucks SL9 0RJ

Epilepsy Society is the working name for The National Society for Epilepsy,  
registered charity number 206186

Every effort is made to ensure that all information is correct.

Please note that information may change after printing.

This information is not a substitute for advice from your own doctors. Epilepsy Society is not responsible for any actions taken as a result of using this information.

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)



helpline

01494 601 400

Monday to Friday 10am to 4pm  
Confidential (national call rate)