

- 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.

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)

[illegible]

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

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

Helpline 0300 102 0024
Confidential, information, and
emotional support.
Visit epilepsysociety.org.uk/helpline
for opening hours.

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:

I call this seizure: _____

You can help me by: _____

This is how I feel afterwards:

Seizure type 2 and what happens to me:

I call this seizure: _____

You can help me by: _____

This is how I feel afterwards:

'Awake or asleep' seizures

On the diary pages, the term 'awake seizures' means seizures that start when you are awake, and 'asleep seizures' means seizures that start while you are asleep, as you are falling asleep, or as you are waking up.

Seizure type 3 and what happens to me:

I call this seizure: _____

You can help me by: _____

This is how I feel afterwards:

Seizure type 4 and what happens to me:

I call this seizure: _____

You can help me by: _____

This is how I feel afterwards:

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?
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?
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Summary					

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)

[illegible]

Dates of the month

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?
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?
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Summary					

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)

[illegible]

Dates of the month

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

