MY SEIZURE CALENDAR

EPILEPSY FOUNDATION

Seizure Calendar for: _____ Dates: _____ to _____ Year _____

Seizure Key: Describe type of seizures and label by using one of the letters below. Use one letter for each different type of seizure. Record the number of seizures using the seizure key on the dates they occur. Females can note the day of their menstrual cycle next to 'cycle' day. Note if any triggers such as missed or changes in medicines, changes in sleep, diet, or activity, stress, or other illness.

Type A: _____ **Type C:** _____

Type B: _____ **Type D:** _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date: _____ Cycle: _____ Event:	Date: _____ Cycle: _____ Event:	Date: _____ Cycle: _____ Event:	Date: _____ Cycle: _____ Event:	Date: _____ Cycle: _____ Event:	Date: _____ Cycle: _____ Event:	Date: _____ Cycle: _____ Event:
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