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|--|--------------------|----------------------------------|----------------|
| Date: _____ | Time: _____ | Length: ___ min. ___ sec. | Flag It |
| Type: <input type="checkbox"/> Simple Partial <input type="checkbox"/> Complex Partial <input type="checkbox"/> Secondary Generalized <input type="checkbox"/> Atonic <input type="checkbox"/> Tonic <input type="checkbox"/> Clonic <input type="checkbox"/> Tonic-Clonic <input type="checkbox"/> Myoclonic <input type="checkbox"/> Atypical Absence <input type="checkbox"/> Absence <input type="checkbox"/> Infantile Spasms (cluster) <input type="checkbox"/> Unknown | | | |
| Mood: <input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Bad | | OTC Medications | |
| Possible Triggers: <input type="checkbox"/> Changes in Medication (including late or missed) <input type="checkbox"/> Overtired or irregular sleep <input type="checkbox"/> Alcohol or drug use <input type="checkbox"/> Irregular Diet <input type="checkbox"/> Bright or flashing lights <input type="checkbox"/> Fever or overheated <input type="checkbox"/> Emotional Stress <input type="checkbox"/> Hormonal fluctuations <input type="checkbox"/> Sick – <i>Describe</i> _____ <input type="checkbox"/> Other _____ | | | |
| Trigger notes: _____ | | | |
| Description: <input type="checkbox"/> Change in awareness <input type="checkbox"/> Loss of urine or bowel control <input type="checkbox"/> Loss of ability to communicate <input type="checkbox"/> Automatic repeated movements <input type="checkbox"/> Muscle stiffness in _____ <input type="checkbox"/> Aura <input type="checkbox"/> Muscle twitch in _____ <input type="checkbox"/> Other _____ | | | |
| Description notes: _____ | | | |
| Post event: <input type="checkbox"/> Unable to communicate <input type="checkbox"/> Remembers event <input type="checkbox"/> Sleepy <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Sleepy | | | |
| Post event notes: _____ | | | |
| <input type="checkbox"/> Entered @ SeizureTracker.com | | | |

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