



Seizure description

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Personal information

Name

Age

Person to contact in emergency

Telephone number

Neurologist

Telephone number

Family doctor/pediatrician

Telephone number

Allergies

Seizure description

The information that you can provide your doctor is very important to treating your epilepsy. Your doctor needs a separate description of each seizure type you experience. Since you may have more than one type, there is space to record the descriptions of up to three different seizure types. Please fill out a separate description for **each type of seizure you have**, describing what happens to you before, during, and after the seizure, and keeping the questions below in mind.

BEFORE

Do you have any warnings or unusual feelings that tell you a seizure is coming?

DURING

How do witnesses describe your seizure? Were you conscious or unconscious during the seizure? Did you make any abnormal movements during the seizure? If yes, were the abnormal movements confined to one side of the body or were they on both sides? How long did the seizure last? Did you bite your tongue during the seizure? Was there loss of bowel/bladder control? Did you fall during the seizure?

AFTER

How did you feel after the seizure was over? Did you feel sleepy? Were you confused? Did you have a headache? If you had a headache, was it on one side of the head and, if so, which side? Did you have any problems speaking after the seizure? Did you experience any weakness after the seizure?

Seizure description Type A

(name of seizure type, if known)

BEFORE

DURING

SEIZURE DURATION (MINUTES/SECONDS)

AFTER

Seizure description

Type B

(name of seizure type, if known)

BEFORE

DURING

SEIZURE DURATION (MINUTES/SECONDS)

AFTER

Seizure description Type C

(name of seizure type, if known)

BEFORE

DURING

SEIZURE DURATION (MINUTES/SECONDS)

AFTER

Seizure journal

A seizure journal chart is used to keep a record of the type and number of seizures you have each day. To get started, write in the start and end dates of the week. Then look back at the seizure descriptions you recorded in the previous section. At the top of each seizure description page, you see either Type A, Type B, or Type C. Each letter stands for the seizure type you described on that page. Use these letters from the seizure description pages to record in your seizure journal chart the kind of seizures you have each day. For instance, if your Type A seizure is an absence seizure (staring spell), then when you have an absence seizure you will write "A" in the "Seizure type(s)" box and record the number of absence seizure you had that day in the "Number of seizures" box just below. Also indicate whether or not you took all your medicine each day and record any trigger you think may have caused your seizure(s). If you did not have any seizures, write "0".



Seizure journal

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Week 1

Date: to

Week 2

Date: to

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 3

Date: to

Week 4

Date: to

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 5

Date: to

Week 6

Date: to

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 7

Date: to

Week 8

Date: to

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 9

Date: to

Week 10

Date: to

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 11

Date: to

Week 12

Date: to

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 13

Date: to

Week 14

Date: to

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Week 15

Date: to

Week 16

Date: to

Sunday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Monday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Tuesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Wednesday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Thursday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Friday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 17

Date: to

Week 18

Date: to

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Week 19

Date: to

Week 20

Date: to

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Seizure type(s)

Number of seizures

All medications taken
YES NO

Seizure trigger

Week 21

Date: to

Week 22

Date: to

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Week 23

Date: to

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Seizure type(s)

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Number of seizures
All medications taken
YES NO
Seizure trigger

Week 24

Date: to

Antiepileptic medications

Use this section to record the antiepileptic medications you are taking regularly, including the medication name, the dose, any dose adjustments, and the date you started and/or stopped the medication.

Use the "Comments/special instructions" box to record comments or instructions from your doctor, epilepsy nurse or pharmacist; examples of comments that should be recorded include the reason you stopped taking a medication, a change in the time you should take a medication, or instructions like "Take this drug with food".



MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

Other medications

Use this section to record all other medications you are taking. Include all prescribed medications, vitamin supplements, herbal supplements, and over-the-counter medications that you take. This information is important to your doctor because some medications are safe and effective when taken alone but may not be when taken together.



MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

MEDICATION NAME

DOSE AND TIMES TAKEN PER DAY

DATE STARTED/STOPPED

COMMENTS/SPECIAL INSTRUCTIONS

Possible side effects

Minor side effects are common when starting drug therapy. Keep track of any side effects you may be experiencing in the section to the right and report them to your doctor or epilepsy nurse.



DATE

POSSIBLE SIDE EFFECT

DATE

POSSIBLE SIDE EFFECT

DATE

POSSIBLE SIDE EFFECT

DATE

POSSIBLE SIDE EFFECT

DATE

POSSIBLE SIDE EFFECT

Questions for my doctor

Use this section of your seizure journal to write down any questions, comments, or observations that you want to discuss with your doctor at your next visit.



Information provided by Lundbeck Canada Inc.

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