



## **Seizure Record Form**

### **HOW YOU CAN HELP THE DOCTOR**

#### **1. Observing & Recording Seizures**

There are many different types of seizures. The doctor must know which kind you or your child has before the right medication can be prescribed. Sometimes it's difficult to tell certain kinds of seizures from others. The doctor may not see the seizures so they must rely on you, along with what is found from the medical tests, to decide which medication to use. The better you are in describing the seizure, the easier and possibly quicker it will be for the doctor to start getting the seizures under control. It is possible for you or your child to have more than one type of seizure. If you recognize more than one kind, be sure to describe each one separately and record the type you think it is.

The following list of things to look for should help you in describing what happens before, during, and after the seizure.

*What was the person doing at the time of the seizure?*

*What was the exact time of day?*

*What took place just before the seizure?*

*Had the person just awakened in the morning or had he/she just started or finished taking a nap?*

*What called your attention to it (cries out, fall, stare, head turn, etc.)?*

*How did the seizure develop (suddenly, gradually, one part of the body, etc.)?*

*Did the person's body become stiff?*

*Were there jerks, twitches, or convulsions?*

*What part of the body moved first? Next?*

*Did the eyelids flutter or the eyes roll?*

*Did the skin show changes (flushed, clammy, blue, etc.)?*

*Did the breathing change?*

*Did he/she talk or perform any actions during the seizure?*

*Did he/she become drowsy or sleepy afterward?*

*Did the person urinate or lose bowel control during the seizure?*

*How long did the seizure last? (The best way to tell is by actually looking at a watch or clock during the seizure – “real time” and how long the time “felt” may be very different).*

*Could you make contact with the person during the seizure? Did he/she respond?*

*What was the person’s behavior like after the seizure (alert, drowsy, confused, could they remember what happened, etc.)?*

*Did he/she report any unusual feelings, sensations or perceptions that he or she remembers before the seizure?*

*If the person is taking medication, when was the last dose?*

*Any other things associated with the seizure you think the doctor should know?*

## 2. Keeping a Seizure Record

The following form will help you keep a record of when seizures occur. You should find it useful for making an accurate report during visits to the doctor. It will be particularly helpful during the early visits when the doctor is developing the proper medication program. Only use the record as long as it is useful to you and your family.

If you are interested in a parent support group, epilepsy first aid training, individual or family counseling, a support group for school aged children, our residential camp for children with seizure, the annual educational seminar, or information on epilepsy, please give the **Epilepsy Foundation of Greater Cincinnati and Columbus** a call toll free at (877) 804-2241, *We are here to help!*

# **Seizure Record**

| Date | Time<br>Of Day | Length of<br>time - seizure | Description of seizure and other information<br>to be discussed with the doctor. |
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