Seizure History

Keep track of your seizures or use this to track the seizures of someone you provide care for to identify possible patterns. Include: time of day, length, and severity of seizure, symptoms and possible triggers. (Severity can be indicated on a scale of 1 to 10: 1 being mild, 10 being extreme)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Example: 6:00 AM, lasted 3 minutes, severity=4, possible trigger: lack of sleep the night before						

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