Name _____

Address _____

_____

_____ Tel: _____

Emergency Contact

Address _____

_____

_____ Tel:

GP _____

Address _____

_____

_____ Tel: _____

Consultant _____

Hospital _____Tel: _____

Hospital ref. no _____

Any know drug allergies _____

Appointments		
Time	**Date**	**Place**

1

I HAVE EPILEPSY

If I have a seizure please do not be alarmed.

This is what actually happens to me

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Emergency telephone no: _____
Please use this telephone number only in
case of emergency.

What is this dairy for?

To help you record when your epilepsy seizures occur and what for they take. The completed diary pages will then help your doctor plan your treatment to achieve the best possible control of your epilepsy.

How do I use this diary?

The first step is to classify as simply as possible the types of seizure that you experience. Use letters to represent each type, ranging from A as the least severe to D as the most severe.

Ideally your doctor or nurse will help you with this.

For example

A Strange taste in mouth

B Become vague, mumble, search around floor

C A+B followed by collapse and convulsion

D Absence or muscle jerks involving the whole body (tonic clonic)

Write in the page overleaf your own personal classification. This will help keep you diary record consistent.

Remember you may only suffer from one type of seizure.

Types of seizure experienced

Write in your own personal classification. Remember A is the least severe, D is the most severe.

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What do I need to record in my diary?

The more information you include in your diary the more useful it will be for your doctor.

- Fill in the month at the top of the page

- Record in the awake and asleep columns and any seizures that you experience using the letters A, B, C or D, and the number you experience

- Note the time the seizure has occurred

- Write in the triggers column any "trigger factors" that you feel you may have experienced before the seizure.

  For example 'missed medication' . 'I was feeling very low', had a stressful day' or 'period'

Month: January

Date	Asleep	Awake	Time	Triggers
1				
2	2A			
3				
4				
5	2B			Period
6				

- On the notes page opposite write in the treatment that you are taking and dosage.

- Record any medicine you that are taking, whether prescription of something you have purchased yourself. Include the dose, frequency and how long you have taken it.

- Write in any other things that may affect your health or mood. For example, if you are feeling run-down or stressed, if you have exams to take, or if a friend or relative has died, feeling in a good mood or a bad mood. All of these can have a significant effect on the frequency or severity of your seizures.

The examples below should make this clear.

	Notes
	Very tired, grumpy
	Took paracetamol 2x500mg x 3

Month:

Date	Awake	Asleep	Time	Triggers
1				
2				
3				
4				
5				
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7				
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31				
Total				

	Notes

Month:

Date	Awake	Asleep	Time	Triggers
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	Notes

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Date	Awake	Asleep	Time	Triggers
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	Notes

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	Notes

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	Notes

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	Notes

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	Notes

Questions I may want to ask my doctor or nurse.

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Notes

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