



My Seizure Calendar

- **Enter** the month and year at the top of the page.
- **Number** the small squares of the calendar with the days of the month.
- **Use** the seizure and side effects keys at the bottom to enter information.

Month _____ Year _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Notes

Seizure Descriptions	Side Effects Key
A) Aura	1) Woozy or off-center
B) Blackout	2) Blurred vision
C) Convulsion	3) Trouble speaking
	4) Dizziness
	5) Headache
	6) Lack of concentration
	7) Memory loss
	8) Mood changes
	9) Sick to the stomach
	10) Rash
	11) Sleepiness
	12) Tremor
	13) _____
	14) _____
	15) _____

For female patients only
M On your period