



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.
- Bring this calendar with you to each doctor visit.

MONTH _____ YEAR _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Notes

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

For female patients only
M On your period