



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
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