

Seizure Observation Log

All sections should be completed for each seizure that occurs. Please use blank sheets if more space is needed.

Patient Name: _____ Sex: _____ Age or Date of Birth: _____

Date	Time	Seizure Duration (specify seconds or minutes)	Seizure Observations* (You can use numbers below)	Recovery Observations	Name of Person Making the entry (please print)
		Additional Comments:			
		Additional Comments:			
		Additional Comments:			

*Possible observations include:

- | | | | |
|---------------------------|------------------------|------------------------------------|--|
| 1. Sudden Stare | 4. Sudden onset nausea | 7. Gradual recover (minutes) | 10. Unconsciousness |
| 2. Unresponsive to name | 5. Vision problems | 8. Stiffening, convulsive activity | 11. Slow recovery (confused & needing sleep) |
| Prompt recovery (seconds) | 6. Jerking of a limb | 9. Labored breathing | |