

# Teenagers & epilepsy

## Keeping a Record

Date of seizure: \_\_\_\_\_

Time of seizure: \_\_\_\_\_ am/pm

Type of seizure: \_\_\_\_\_

Absence  Myoclonic  Atonic  Tonic

Tonic clonic  Focal  Dyscognitive

Length of seizure: 0 -1minute  1-3 mins  3-5mins  5+ minutes

Were you aware of your seizure? YES/ NO (circle one)

Did the seizure progress slowly / quickly? (circle one)

Did any injuries result from your seizure? YES/ NO

If yes, what were they? \_\_\_\_\_

How did you feel after the seizure?

\_\_\_\_\_

Did you feel alert / drowsy / confused after the seizure? (circle one)

Were there any triggers that could have caused the seizure? YES/ NO

If yes, what were they? \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Although every effort has been made to ensure accurate and up to date information is provided, Epilepsy Queensland and its advisors cannot accept any liability in relation to the information provided. It is strongly recommended that you discuss any information with your doctor as to whether it applies to you.**

Source: McCaffery, M. & Beebe, A. (1999), *Pain: Clinical Manual for Nursing Practice*. St. Louis: C.V. Mosby Company.