**SEIZURE / EVENT RECORDER**

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| DATE | TIME | DURATION | SYMPTOMS DURINGSpecific body movements, consciousness level, behaviour | TRIGGERUnwell, hot/cold, environmental, noise | PRE EVENT ACTIVITYConcentrating, physical activity, | POST EVENTTime taken to return to normal awareness, orientated to time and place, tired, irritable | OTHERAny other physical, emotional, or behaviours signs/symptoms noted |
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