**SEIZURE / EVENT RECORDER**

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| DATE | TIME | DURATION | SYMPTOMS DURING Specific body movements, consciousness level, behaviour | TRIGGER Unwell, hot/cold, environmental, noise | PRE EVENT ACTIVITY Concentrating, physical activity, | POST EVENT Time taken to return to normal awareness, orientated to time and place, tired, irritable | OTHER Any other physical, emotional, or behaviours signs/symptoms noted |
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