



## SEIZURE / EVENT RECORDER

DATE & TIME	DURATION OF SEIZURE	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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