1. Take this diary home and use it every day to keep track of your seizures
2. The staff will review your seizures with you and each seizure type will be assigned a special code
3. If you have a seizure, record the number of seizures and the type of seizure (using the assigned code) on the diary.
4. If you do not have any seizures on that day, mark the “no seizure” box.
5. Bring the seizure diary with you to every appointment.

## Seizure Code: Description given by patient/caregiver

Enter the date as MM/DD.

Mark the no seizure box if you did not have any seizures that day.

If you had any seizures that day, write down the number of seizures you had next to the seizure type.

Example:

09/15

[ ] No Seizures Today

A: 2

C: 1

Year:

Table for Seizure Diary

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| --- | --- | --- | --- | --- | --- | --- |
| [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures |
| [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures |
| [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures |
| [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures | [ ] No Seizures |

Who is completing the seizure diary? (check all that apply)

[ ]  Participant/Subject

[ ]  Caregiver

Comments:

## Directions:

The physician/coordinator will review the diary with the patient and ask them to describe each of his/her seizures. Each seizure type will then be assigned a single code (A – F).

In the example below, the patient has several seizure types.

1. Dizzy, double vision (Involving subjective sensory or psychic phenomena only)

Feeling of déjà vu (Involving subjective sensory or psychic phenomena only)

\*\*This patient has more than one seizure of this type (both will be assigned the same letter)

1. Dizzy, double vision; shaking of the right hand (Focal Seizure with observable motor or autonomic components)
2. Dizziness followed by confusion/staring (Focal Seizure with observable motor or autonomic components →Focal Seizure with impairment of consciousness or responsiveness)
3. Confusion/staring with no warning (Focal Seizure with impairment of consciousness or responsiveness)
4. Dizziness followed by staring and convulsion (Focal Seizure with observable motor or autonomic components → Evolving to a bilateral, convulsive seizure (involving tonic, clonic, or tonic and clonic components))
5. Convulsion with no warning (Evolving to a bilateral, convulsive seizure involving tonic, clonic, or tonic and clonic components)

If a subject only has one type the first letter will be used and the others will be left blank.

1. Confusion/staring with no warning (Focal Seizure with impairment of consciousness or responsiveness)

## GENERAL INSTRUCTIONS

This CRF Module is recommended for all studies that need to collect seizure occurrence data on a daily basis. It is completed by the participant/ subject or caregiver and brought to study visits. The physician/ coordinator will then review the diary with the patient and ask them to describe each of his/ her seizures. Each seizure type is then assigned a single code. A table is also used to track the date and occurrence of the seizure. Use the comments section to provide any additional information that pertains to the time, duration, and frequency of seizure.