

**Instructions:** . Use 1-column for each event.  
. Check off all behaviors that apply.

Name: \_\_\_\_\_

<b>During Seizure</b>	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
<b>Awareness</b>							
Fully Aware							
Confused							
Responds to Voice							
Responds to Light Touch							
Not Responsive							
<b>Facial Expressions</b>							
Staring							
Twitching							
Eyes Rolling							
Eyes Blinking							
<b>Head Movements</b>							
Sudden Head Drop							
Turns to 1-Side							
Turns Side to Side							
<b>Body Stiffens</b>							
Whole Body							
Legs							
Arms							
<b>Jerking Movements</b>							
Whole Body							
Legs							
Arms							
<b>Automatic Movements</b>							
Hands clapping, rubbing							
Lip Smacking, Chewing							
Walking, Wandering							
Running							
<b>Speech</b>							
Able to Talk Normally							
Unable to Talk							
Incoherent/Nonsense Words							
Mixing Up Words							
<b>Falls</b>							
Yes/No							
<b>Injury</b>							
Yes/No							
Type of Injury							
<b>Incontinent</b>							
Yes/No							
<b>After Seizure</b>							
Fully Aware							
Responds Normally							
Confused							
Tired							
Asleep							
Agitated, Irritable							
<b>Length of Seizure</b>							
Before Return to Baseline							
<b>Interventions</b>							
VNS Magnet							
Medicine Given							
<b>Triggers</b>							
<b>Name of Observer</b>							