**Infantile Spasms Log Sheet**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Length:</th>
<th>Flag It</th>
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<tbody>
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<td>__min. __sec.</td>
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**Number of spasms in cluster _____**  Severity: 1 2 3 4 5

Less  More

**Mood:**  □ Good  □ Normal  □ Bad  □ OTC Medications

**Possible Triggers:**  □ Changes in Medication (including late or missed)

- □ Overtired or irregular sleep  □ Alcohol or drug use  □ Irregular Diet
- □ Bright or flashing lights  □ Fever or overheated  □ Emotional Stress
- □ Hormonal fluctuations  □ Sick – *Describe* __________________________

Other __________________________

**Trigger notes:**

**Description:**  □ Change in awareness  □ Loss of urine or bowel control

- □ Loss of ability to communicate  □ Automatic repeated movements
- □ Muscle stiffness in___________  □ Aura
- □ Muscle twitch in___________  □ Other____________________

**Post event:**  □ Unable to communicate  □ Remembers event

- □ Sleepy  □ Muscle weakness  □ Sleepy

**Post event notes:**

□ Entered @ SeizureTracker.com

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This form and more are downloadable at www.SeizureTracker.com/MainSuppDocs.php

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