

CDDO of SEK Seizure Tracking

Person being served: _____ Year: _____ Provider: _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Indicate the seizure type as designated below for each day a seizure occurs. It is not necessary to mark more than 1 seizure a day for BASIS purposes.

S - Simple Partial (Simple motor movements affected; no loss of awareness)

C - Complex Partial (Loss of awareness)

P - Petit Mal (Generalized - Absence)

G - Grand Mal (Generalized Tonic Clonic)

U - Unknown Type (Seizure occurred - unsure of type)