

# NYSDOH Epidiolex® Expanded Access Study

## Appendix F Seizure Diary

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

Subject ID: \_\_\_\_\_

1. Take this diary home and use it every day to track all seizures.
2. The staff will review each seizure type and each type will be assigned a special code.
3. For every seizure, record the time of the seizure and the type of seizure using the assigned code (Do not count myoclonic or absence seizures, just note the time that they occurred)
  - Enter the date as MM/DD. Enter time in 24 hour format as HH:MM.
  - Mark the no seizure box if there were no seizures that day.
  - If there were any countable seizures that day, write down the seizure type and time.
  - Write down the total number of countable seizures next to Total countable.
  - If a rescue medication was used, please mark the appropriate box and describe in the comments section.
  - If an ER or hospital visit was required, please mark the appropriate box and describe in the comments section.
4. Indicate who completed the survey each day. If there is more than one caregiver, indicate who completed the survey using the caregiver's initials.
5. Bring the seizure diary to every appointment with the clinical study staff.

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### Seizure Codes:

**A: Complex Partial Seizure (countable)**

**B: Atonic Seizure (countable)**

**C: Tonic Seizure (countable)**

**D: Tonic Clonic Seizure (countable)**

**E: Myoclonic (Record time, but do not count.)**

**F: Absence (Record time, but do not count.)**

**Example:**

01/16

- No Seizures Today
- Rescue med used
- ER/hospital visit

A: 9:15

E: 11:05

A: 14:05

C: 19:25

Total countable: 3

- Patient
- Caregiver

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<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital	<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital	<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital	<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital	<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital	<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital	<p>___/___/___</p> <input type="checkbox"/> No Seizures <input type="checkbox"/> Rescue med used <input type="checkbox"/> ER/hospital
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Comments (record day and time of each comment):