Myoclonic Cluster Log Sheet

Date:__________ **Time**:__________ **Length**:____min. ____sec. ☐ **Flag It**

Number of events in cluster _____

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_________________
Description notes:____

Post event: ☐ Unable to communicate ☐ Remembers event
☐ Sleepy ☐ Muscle weakness ☐ Sleepy
Post event notes:____

☐ **Entered @ SeizureTracker.com**

Log multiple similar events below-

Date:______________ **Time**:________________ **Length**:____min. ____sec.
Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**

Date:______________ **Time**:________________ **Length**:____min. ____sec.
Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**

Date:______________ **Time**:________________ **Length**:____min. ____sec.
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Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**

Myoclonic Cluster Log Sheet

Date:__________ **Time**:__________ **Length**:____min. ____sec. ☐ **Flag It**

Number of spasms in cluster _____ **Severity: 1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

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
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Description notes:____

Post event: ☐ Unable to communicate ☐ Remembers event
☐ Sleepy ☐ Muscle weakness ☐ Sleepy
Post event notes:____

☐ **Entered @ SeizureTracker.com**

Log multiple similar events below-

Date:______________ **Time**:________________ **Length**:____min. ____sec.
Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**

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Date:______________ **Time**:________________ **Length**:____min. ____sec.
Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**

Date:______________ **Time**:________________ **Length**:____min. ____sec.
Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**

Date:______________ **Time**:________________ **Length**:____min. ____sec.
Number of events in cluster _____
Mood: ☐ Good ☐ Normal ☐ Bad | ☐ **Entered @ SeizureTracker.com**