## GENERAL EEG INFORMATION

1. For what purpose(s) were the EEG data originally obtained? (Check all that apply)
2.

[ ] Research purposes-prospective

[ ] Research purposes-retrospective

[ ] Clinical purposes

[ ] Other, specify

1. EEG type: (Check a single answer for items 2a-2d)
	1. Routine or Prolonged? [ ] Routine [ ] Prolonged

If prolonged EEG, specify duration:

[ ] Less than 24 hours

[ ] Greater than or equal to 24 hours

[ ] N/A

[ ] Other, specify

* 1. Location: [ ] Outpatient EEG lab

 [ ] Inpatient Epilepsy Monitoring Unit (EMU)

 [ ] Intensive Care Unit (ICU)

 [ ] Ambulatory

 [ ] Other, specify

* 1. Video? [ ] No [ ] Yes

[ ] Unknown [ ] Other, specify

1. Behavioral states recorded: (Check all that apply)
2.

[ ] Awake

[ ] Asleep

[ ] Unresponsive state

[ ] Indeterminate

[ ] Other, specify

1. Activating procedures used: (Check all that apply)

[ ] Sleep

[ ] Hyperventilation

[ ] Photic stimulation

[ ] Unknown

[ ] Other, specify

1. Posterior dominant rhythm present? [ ] No [ ] Yes

Frequency of the posterior dominant rhythm during relaxed wakefulness Hz(*round to the closed 0.5 Hz*)

1. Total Number of Seizures Recorded:
	1. Number of Seizures with Video and EEG:
	2. Number of Seizures with EEG ONLY:
	3. Number of Seizures with Video ONLY:
2. Date EEG recorded: // to // (M M/DD/YYYY) (M M/DD/YYYY)

## INTER ICTAL ABNORMALITIES

1. **Date of Record:** (M M/DD/YYYY)

Time(s) of Interictal Abnormality:(Note: Multiple times can be entered below if the data entered on this page are the same for each of the times. Otherwise, a new form can be entered if the data varies.)

1. : : [ ] AM [ ] PM [ ] 24-hr clock (HH:MM:SS)
2. : : [ ] AM [ ] PM [ ] 24-hr clock (HH:MM:SS) [ ] N/A
3. : : [ ] AM [ ] PM [ ] 24-hr clock (HH:MM:SS) [ ] N/A
4. Interictal Epileptiform Location

Check all that apply and be as specific as possible.

[ ] Localized focal

1. Area of origin of the interictal abnormality

[ ] FP1

[ ] FP2

[ ] T1

[ ] F7

[ ] F3

[ ] FZ

[ ] F4

[ ] F8

[ ] T2

[ ] FT9

[ ] T3

[ ] C3

[ ] CZ

[ ] C4

[ ] T4

[ ] FT10

[ ] T5

[ ] P3

[ ] PZ

[ ] P4

[ ] T6

[ ] O1

[ ] O2

1. Full extent of abnormal electrical field

[ ] FP1

[ ] FP2

[ ] T1

[ ] F7

[ ] F3

[ ] FZ

[ ] F4

[ ] F8

[ ] T2

[ ] FT9

[ ] T3

[ ] C3

[ ] CZ

[ ] C4

[ ] T4

[ ] FT10

[ ] T5

[ ] P3

[ ] PZ

[ ] P4

[ ] T6

[ ] O1

[ ] O2

[ ] Localized regional lobar or multilobar

[ ] Left Frontal

[ ] Left Parietal

[ ] Left Occipital

[ ] Left Temporal

[ ] Right Frontal

[ ] Right Parietal

[ ] Right Occipital

[ ] Right Temporal

[ ] Hemispheric (side): [ ] Left [ ] Right

[ ] Generalized

[ ] No localized onset:

[ ] Other, specify:

1. Interictal Type of Discharge (Check all that apply)

[ ] Generalized Epileptiform Discharge

[ ] Diffuse Fast Rhythms

[ ] Diffuse Attenuation

[ ] Rhythmic (frequency) Hz(*round to the closest 0.5 Hz*)

[ ] Periodic discharges(Check all that apply)

[ ] Sharp waves

[ ] Spikes

[ ] Single Spike-Wave

[ ] Polyspike-Wave

[ ] Other, specify:

[ ] Other, specify:

1. Interictal Circumstances (Check all that apply)

[ ] Awake

[ ] Drowsy

[ ] Sleep

[ ] Hyperventilation

[ ] Photic stimulation

[ ] Indeterminate

[ ] Other, specify:

## FOCAL AND GENERALIZED SLOWING

1. Focus:
2. Start Time: :: (HH:M M:SS)
3. Slowing Type (Check one; if more than one slowing type, then fill out more than one Focal and Generalized Slowing form)

[ ] Persistent (i.e., continuous) [ ] Transient [ ] Post-Ictal

1. Slowing Location(Check all that apply and be as specific as possible)

[ ] Localized regional lobar or multilobar

[ ] Left Frontal

[ ] Left Parietal

[ ] Left Occipital

[ ] Left Temporal

[ ] Right Frontal

[ ] Right Parietal

[ ] Right Occipital

[ ] Right Temporal

[ ] Hemispheric (side):[ ] Left [ ] Right

[ ] Generalized

[ ] No localized onset:

[ ] Other, specify:

## ICTAL EEG EVALUATION

1. Seizure Number: of
2. Date of Seizure: // (M M/DD/YYYY)
3. Start Time: :: (HH:M M:SS)
4. End Time: :: (HH:M M:SS)
5. Ictal Onset: Location on EEG
6. Full Ictal Propagation: Location on EEG

Time: :: (HH:MM:SS)

Check all that apply and be as specific as possible

[ ]  Localized focal

[ ] FP1

[ ] FP2

[ ] T1

[ ] F7

[ ] F3

[ ] FZ

[ ] F4

[ ] F8

[ ] T2

[ ] FT9

[ ] T3

[ ] C3

[ ] CZ

[ ] C4

[ ] T4

[ ] FT10

[ ] T5

[ ] P3

[ ] PZ

[ ] P4

[ ] T6

[ ] O1

[ ] O2

Check all that apply and be as specific as possible

[ ]  Localized focal

[ ] Localized regional lobar or multilobar [ ] Localized regional lobar or multilobar

[ ]  Left Frontal

[ ]  Left Parietal

[ ]  Left Occipital

[ ]  Left Temporal

[ ] Mesial

[ ] Neocortical

[ ]  Right Frontal

[ ]  Right Parietal

[ ]  Right Occipital

[ ]  Right Temporal

[ ] Mesial

[ ] Neocortical

[ ]  Left Frontal

[ ]  Left Parietal

[ ]  Left Occipital

[ ]  Left Temporal

[ ] Mesial

[ ] Neocortical

[ ]  Right Frontal

[ ]  Right Parietal

[ ]  Right Occipital

[ ]  Right Temporal

[ ] Mesial

[ ] Neocortical

[ ] Hemispheric (side): [ ] Left [ ] Right

[ ] Generalized

[ ] No localized onset:

[ ] Other, specify:

[ ] Hemispheric (side): [ ] Left [ ] Right

[ ] Generalized

[ ] No localized onset:

[ ] Other, specify:

1. Ictal Onset: Pattern on EEG (Check all that apply)

[ ] Generalized tonic-clonic pattern

[ ] Diffuse Fast Rhythms

[ ] Diffuse Attenuation

[ ] Rhythmic (frequency) Hz (*round to the closest 0.5 Hz*)

[ ] Periodic discharges

[ ] Sharp waves

[ ] Spikes

[ ] Single Spike-Wave

[ ] Polyspike-Wave

[ ] Other, specify:

1. Ictal Onset: Circumstances (Check all that apply)

[ ] Awake

[ ] Drowsy

[ ] Sleep

[ ] Hyperventilation

[ ] Photic stimulation

[ ] Indeterminate

[ ] Other, specify:

## VIDEO EEG ICTAL EVALUATION

1. Video Seizure Number: of
2. Ictal EEG available? (Check only one) [ ] Yes [ ] No
3. Date EEG Recorded: // (M M/DD/YYYY)
4. Start Time: :: (HH:MM:SS)
5. Patient able to push alarm (onset, during, after seizure) (Check only one): [ ] Yes [ ] No
6. Behavioral state at onset of seizure: (Check only one): [ ] Awake [ ] Asleep [ ] Unknown [ ] Other, specify
7. Image Quality:(Check only one): [ ] Good [ ] Fair [ ] Poor
8. View of Patient:(Check only one): [ ] Full [ ] Face [ ] Trunk [ ] Side [ ] Back [ ] None
9. Responsiveness and Language (Check only one)

**Sequence**

Responsiveness**:**(Indicate value of Responsiveness Sequence)

[ ] Arousal from sleep

[ ] Behavior Arrest

[ ] Hypermotor

[ ] Other Specify

**Sequence**

**Vocalization:** *(Check all that apply)*

(Indicate value of Vocalization Sequence)

[ ] Laugh

[ ] Song

[ ] Incoherent Speech

[ ] Groan/Cry

[ ] Other Specify:

[ ] Coherent Speech

[ ] Spontaneous

[ ] Response to Question

1. **Testing of Responsiveness:** (Check all that apply)

[ ] Follow Command(s)

[ ] Repeat Memory Item(s)

[ ] Other, Specify:

1. **Subjective Symptoms Reported by the Patient** (Check all that apply)

[ ] Somatosensory

[ ] Gustatory

[ ] Psychic

[ ] Visual

[ ] Epigastric

[ ] Other, Specify:

[ ] Auditory

[ ] Cephalic

[ ] Olfactory

[ ] Autonomic

1. **Eye Signs** (Check all that apply)

Eyes opening/widening

Version

Blinking

Nystagmus

Other

**R**

[ ]

[ ]

[ ]

[ ]

[ ]

**L**

[ ]

[ ]

[ ]

[ ]

[ ]

**Other**

[ ]

[ ]

[ ]

[ ]

[ ]

**Sequence**

1. **Face Signs** (Check all that apply)

Head Version

Head + Eye Version

Mouth Deviation/Twisting

Automatism

Lip Smacking

Other

Other

**R**

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

**L**

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

**Other**

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]  Specify:

[ ]  Specify

**Sequence**

:

1. **Trunk/Limb Signs** (Check all that apply)

 **Trunk Arm Leg R L R>L L>R Unsure Sequence**

Arrest of Movement [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Version [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Tonic – Ext [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Tonic – Flex [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Clonic – Early [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Clonic – Later [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Dystonic Posture [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Sign-of-4 arm Ext [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Myoclonic Jerk [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Lower Extremity Complex Movements [ ]  [ ]  [ ]  [ ]  [ ]

(e.g., kicking, bicycling, etc.)

 **Trunk Arm Leg R L R>L L>R Unsure Sequence**

**Automatisms:** *(Check all that apply)*

Face/nose wiping or rubbing [ ]  [ ]  [ ]  [ ]  [ ]

Clothes/sheet picking [ ]  [ ]  [ ]  [ ]  [ ]

Rocking [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Spinning/Turning (direction) [ ]  [ ]  [ ]

Other Specify [ ]  [ ]  [ ]  [ ]  [ ]

Other Specify: [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

1. **Other Signs** (Check all that apply)

[ ] Vomiting

[ ] Spitting

[ ] Coughing

[ ] Tongue biting

[ ] Other

Specify:

**Sequence**

## BENIGN EEG VARIANTS

1. **Are there any benign EEG variants?** [ ] Yes(continue to items below) [ ] No
2. **If yes, please select all EEG variants that are present:** (Check all that apply)

[ ] Small sharp spikes

[ ] Wicket spikes

[ ] 14- and 6-Hz Positive Bursts

[ ] 6-Hz Spike and Wave

[ ] Rhythmic Temporal Theta Bursts of Drowsiness

[ ] Subclinical Rhythmic EEG Discharges in Adults

[ ] Midline Theta Rhythm

### General Instructions

This CRF Module is designed for use in any project using electroencephalography to study ictal or interictal abnormalities. **Electroencephalography** (**EEG**) is the recording of electrical activity along the scalp produced by the firing of neurons within the brain. In clinical contexts, EEG refers to the recording of the brain's spontaneous electrical activity as recorded from multiple electrodes placed on the scalp. Researchers should note that these CDEs are not appropriate for Intensive Care Unit use.