## GENERAL EEG INFORMATION

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

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)

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.