

Appendix

BASIC DATA SHEET FOR EEG

By Dr. Christian Chukwukere Ogoke

A: BIODATA & GENERAL INFORMATION:

Date & time of recording:

Name:

Address:

Age: Sex: Handedness: EEG No:

Clinical (Behavioural) state: Sleep deprived for study?: Yes / NO

Results of previous EEG:

Source of referral:

Reason for referral:

Clinical diagnosis(by referring physician):.....

B: HISTORY:

Source(s) of information: Px only / Px & eye witness / Eye witness account only

Age at onset of seizures / ictal events:

Position / activity during ictal events: standing / sitting / lying/.....

Semiology of seizures / ictal events:

- Chronological sequence of events / First abnormal sign noticed.....
- Warning signs / aura (abd/ chest discomfort, fear, smell.....)
- Eye signs: eyes open / eyes closed up rolling / starring, fixed gaze/ deviation/ flickering eye lids/ repetitive blinking/ eye twitching/.....
- Awareness: preserved at the beginning & subsequently lost / lost from sz onset & throughout event / preserved awareness.
- Mouth: deviation / twitching or lip smacking / excessive secretions & drooling / guttural sounds / tongue or lip biting or teeth injuries
- Limbs: - jerking - all @ same time/ begins with one & spreads /UL & LL on one side -stiffening of all limbs- / - alternate stiffening & jerking - / sudden single or repeated shock-like irregular jerks of parts of the body-/ repetitive rhythmic jerks of fingers or a