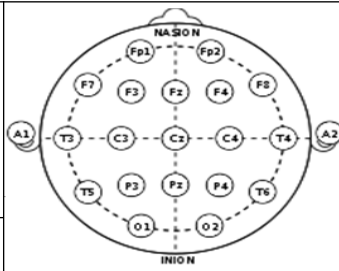


Patient's Name	Date: _____	Diagnoses: _____
PID	Age _____ (Years)	Epilepsy yes <input type="checkbox"/> (1) no <input type="checkbox"/> (0)
	Gender: W <input type="checkbox"/> (0) M <input type="checkbox"/> (1)	Sleep deprivation yes <input type="checkbox"/> (1) no <input type="checkbox"/> (0)

VIGILANCE	awake <input type="checkbox"/> (3) somnolent (noise) <input type="checkbox"/> (2) stuporous (pain) <input type="checkbox"/> (1) comatose <input type="checkbox"/> (0)	
	good <input type="checkbox"/> (2) average <input type="checkbox"/> (1) poor <input type="checkbox"/> (0) Comments:	
COLLABORATION	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) if yes → Sleep stage: I <input type="checkbox"/> (1) II <input type="checkbox"/> (1) III <input type="checkbox"/> (1) REM <input type="checkbox"/> (1)	Trepanation <input type="checkbox"/> (1) <input type="checkbox"/> (0) Sleep stage <input type="checkbox"/> (1) <input type="checkbox"/> (0) I <input type="checkbox"/> (1) II <input type="checkbox"/> (1) III <input type="checkbox"/> (1) REM <input type="checkbox"/> (1)
SLEEP	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) if yes → cooperation: good <input type="checkbox"/> (2) average <input type="checkbox"/> (1) poor <input type="checkbox"/> (0) generalized slowing <input type="checkbox"/> (1) focal slowing <input type="checkbox"/> (1) IEDs <input type="checkbox"/> (1)	HV generalized slowing <input type="checkbox"/> (1) focal slowing <input type="checkbox"/> (1) IEDs <input type="checkbox"/> (1)
HYPERVENTILATION	Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) if yes → Photic driving <input type="checkbox"/> (1) Photoparoxysmal reaction <input type="checkbox"/> (1)	Photic driving <input type="checkbox"/> (1) Photoparoxysmal reaction <input type="checkbox"/> (1)
PHOTIC STIMULATION	Frequency: _____ Hz Bi-occipital : No <input type="checkbox"/> (0) Symmetric: No <input type="checkbox"/> (0) Reactive: No <input type="checkbox"/> (0)	_____ Hz bi-occ. <input type="checkbox"/> (0) Symm. <input type="checkbox"/> (0) Reactive <input type="checkbox"/> (0)
BACKGROUND ACTIVITY	Slowing: Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) if yes → Focal : yes <input type="checkbox"/> (1) Intermittent <input type="checkbox"/> (1) Continuous <input type="checkbox"/> (1) Hemispheric: yes <input type="checkbox"/> (1) Intermittent <input type="checkbox"/> (1) Continuous <input type="checkbox"/> (1) Generalized: yes <input type="checkbox"/> (1) Intermittent <input type="checkbox"/> (1) Continuous <input type="checkbox"/> (1)	Slowing <input type="checkbox"/> (1) <input type="checkbox"/> (0) Focal <input type="checkbox"/> (1) - intermittent <input type="checkbox"/> (1) - continuous <input type="checkbox"/> (1) Focal <input type="checkbox"/> (1) - intermittent <input type="checkbox"/> (1) - continuous <input type="checkbox"/> (1) Generalized <input type="checkbox"/> (1) - intermittent <input type="checkbox"/> (1) - continuous <input type="checkbox"/> (1)
PATHOLOGICAL FINDINGS	IEDs: Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) if yes → focal yes <input type="checkbox"/> (1) multifocal yes <input type="checkbox"/> (1) generalized yes <input type="checkbox"/> (1)	IEDs <input type="checkbox"/> (1) <input type="checkbox"/> (0) focal <input type="checkbox"/> (1) multifocal <input type="checkbox"/> (1) generalized <input type="checkbox"/> (1)
	Periodic pattern : yes <input type="checkbox"/> (1) Seizure: yes <input type="checkbox"/> (1) Status epilepticus : yes <input type="checkbox"/> (1)	Periodic patterns. <input type="checkbox"/> (1) Seizure <input type="checkbox"/> (1) Status epilepticus <input type="checkbox"/> (1)
	EEG- technologist: Normal : <input type="checkbox"/> (0) Pathological: <input type="checkbox"/> (1)	Physician: Normal <input type="checkbox"/> (0) Pathological <input type="checkbox"/> (1)
Global Conclusions		