

## AMBULATORY EEG DIARY

### General Instructions:

Do **not** get the machine or wires wet

Do **not** take a shower or bath only wash with a washcloth.

Do **not** chew gum or eat foods where you are chewing for long periods of time.

Avoid caffeine and do not engage in activity where you going to perspire or sweat.

### Instructions for marking the Diary

1. Press the **Event marker button** on the recorder if you had **any symptoms**
2. Put an **"S"** in the box corresponding to the time and list your symptoms separately below
3. List your symptoms, such as: seizure, an aura, dizziness, blurred vision or any condition related to your diagnosis
4. For other activities: (You may put more than one letter in a box)
  - a. Put the letter **"C"** in the box when you have coffee, tea, or cola.
  - b. Put letter **"M"** in the box when you take medicine.
  - c. Put letter **"E"** in the box when you are eating
  - d. And an **"A"** for activity that involves excessive movement.
  - e. Put an **"X"** in all the boxes that show when you slept at night or when you napped during the day.
5. Leave boxes unmarked to show when you were awake during the day and night.

# AMBULATORY EEG DIARY

Patient Name: \_\_\_\_\_

Current Meds: \_\_\_\_\_

### Instructions

- S=Symptoms
- E=Eating
- M= Medicine
- C=Caffeine
- A=Active activity
- X=Sleep

**Example entry:** Test starts on Friday First day at 8:30: Patient had coffee and sandwich at 9 am, took medication for seizures at 10 am, experienced two episodes of dizziness at 11:15 and 12:09 and one episode of blurred vision at 1:10pm and had lunch at 1:30pm walked the dog at 2 pm, fell asleep watching TV at 11pm and woke up at 7am (Start Second Day).

Day	Start (For tech)	7:am	8	9	10	11:am	Noon	1:pm	2	3	4	5	6	7	8	9	10	11:pm	Midnite	1:am	2	3	4	5	6:am
Example	8:30am			C/E	M	S1	S2	S3/E	A									X	X	X	X	X	X	X	X
First Day																									
Day 2																									
Day 3																									
Day 4	END																								

List symptoms: (For Example Event marker: Dizziness at 11:10)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Visit our website at [www. Atlanticneurodiagnostic.com](http://www.Atlanticneurodiagnostic.com) for questions concerning your examination.

(Office use)

Reading MD: \_\_\_\_\_