



## Ambulatory / home EEG monitoring study diary

Please fill in the daily diary sheets on the following pages, recording the time of activities, such as mealtimes, bedtime and battery changes, anything important and all episodes, events or unusual symptoms – documenting how long they last. And remember to press the red event button to indicate an event.

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

NHS no: \_\_\_\_\_ MRN no: \_\_\_\_\_

Consultant: \_\_\_\_\_

Physiologist: \_\_\_\_\_

Please change the batteries daily at: \_\_\_\_\_

If the discs, adhesive or tape irritate your skin and require removal prior to your appointment time, please contact: **0118 322 5474**, Mon-Fri 8am-4pm.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Time	Event or episode, symptoms / meal / activities / bedtime etc.	Duration

**Name:** \_\_\_\_\_

Date: \_\_\_\_\_

[illegible]

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

Date: \_\_\_\_\_

[illegible]

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

Date: \_\_\_\_\_

[illegible]

**Remember to bring your completed diary sheets with you to the follow up appointment.**