

Braincode Standard EEG Data Collection Form

Please provide the information below regarding the EEG recording session being uploaded to Brain-CODE. This data will accompany the EEG data files which will be uploaded to SPReD.

Please provide outlined details of the EEG recording system used in the recording session being uploaded to Brain-CODE.

Make of the EEG recording system _____

Model information of EEG recording system _____

EEG recording system serial number (if possible) _____

EEG recording system software version (if possible) _____

Is the data being collected and uploaded for an scalp EEG or an intracranial EEG recording?
 Scalp EEG
 Intracranial EEG

Electrode information

Indicate the number of sensors/electrodes used.
 1
 16
 32
 64
 128
 256
 Other (please specify)

How many sensors/electrodes were used? _____

Please specify EEG montage used. (Indicate the positioning system used, and/or whether you are uploading an electrode location/coordinates file)
 10-10
 10-20
 Uploading electrode location/coordinates file
 Other (please specify)

Please indicate what 'other' EEG montage system was used. _____

Please upload the Coordinate File for the session.

Electrodes used.
 Gold
 Silver
 Tin
 Sintered Ag
 AgCl
 Platinum
 Stainless steel
 Other (please specify)

What type of electrodes were used? _____

What 'conductive material' was used?
 Gel
 Water
 Dry
 Other (please specify)

What 'other' conductive material was used? _____

Please indicate the reference electrode used.

- Cz
- Pz
- Linked-ears
- Linked-mastoids
- Tip of the nose
- Average reference
- Average-ears
- Average-mastoids
- Other (please specify)

What 'other' reference electrode or technique was used?

EEG recording information

Date of recording

Time of recording (Please round to nearest half-hour)

Please indicate the duration of the EEG session (in minutes).

_____ (minutes)

Please indicate the sampling rate (Hz).

_____ (Hz)

Indicate the analog (high-pass and low-pass) filters employed.

Indicate digital filters used.

Please indicate the electrode impedance for this session (ohm). [If you are using a system for which an impedance is not available (i.e. Biosemi) please indicate N/A]

_____ (ohm)

Participant information

Please provide the participant's Brain-CODE subject ID.

_____ (Please refer to the Brain-CODE naming convention)

What medications is the participant taking at the time of the study?

Has the participant ingested coffee in the last 12 hours?

- Yes
- No

Has the participant ingested alcohol in the last 24 hours?

- Yes
- No

Has the participant had nicotine in the last 2 hours?

- Yes
- No

Behavioral states recorded (please check all that apply):

- Awake
- Asleep
- Indeterminate
- Other (please specify)

What 'other' behavioral states were recorded?

Please indicate what stimulation/activating procedures (if any) were used (check all that apply).

- Sleep deprivation
- Hyperventilation
- Photic stimulation
- Auditory stimulation
- Natural sleep
- Exercise
- None
- Unknown
- Other (please specify)

What 'other' stimulation/activating procedures were utilized?
