****

|  |  |
| --- | --- |
| **Centre Post Code** |  |

**A survey of practice of Neurophysiology Departments in the UK for performing Evoked Potentials.**

**FORM A : Please complete once only for each department**

|  |  |
| --- | --- |
| 1. Do you perform evoked potentials in your department? | Yes / No  **If no, then the form is complete. There is no need to answer any further questions.**  If yes, please continue with the form |
| Which of these modalities do you perform? (if Yes please give number performed per year) | |
| 2.VEP Full field checkerboard | Yes / No Number performed = |
| 3. VEP Half field checkerboard | Yes / No Number performed = |
| 4. VEP pattern onset | Yes / No Number performed = |
| 5. VEP Flash | Yes / No Number performed = |
| 6. BAEP | Yes / No Number performed = |
| 7. SEP upper limb | Yes / No Number performed = |
| 8. SEP Lower limb | Yes / No Number performed = |
| 9. Magnetic MEP upper limb | Yes / No Number performed = |
| 10. Magnetic MEP lower limb | Yes / No Number performed = |

|  |  |
| --- | --- |
| Visual Evoked Potentials | |
| 11. Do you use published guidelines for the recording of VEP? | Yes / No / Not performed  **If ‘not performed’ go to question 29** |
| 12. If yes, please give reference | |
| 13. Do you use a local protocol for the recording of VEP | Yes / No |
| 14. If yes, please attach a copy | |
| What are your **routinely used** machine settings/stimulus parameters for VEP?   |  |  | | --- | --- | | **Settings:** | | | 15. High frequency filter |  | | 16. Low frequency filter |  | | 17. Time base |  | | 18. Sensitivity |  | | 19. Stimulation rate (Hz) |  | | 20. Field size (angle subtended) |  | | 21. Check size (angle subtended) |  | | 22. Stimulus – screen type (please circle) | CRT  LED | | |
| 23. Have you performed a local or regional audit on VEPs? | Yes / No |
| 24. If yes, please provide a summary and main recommendations | |
| 25. Do you use published normative data for VEP interpretation? | Yes / No |
| 26. If yes, please give reference | |
| 27. Do you use locally derived normal values for VEP interpretation? | Yes / No |
| 28. If yes, please attach | |

|  |  |
| --- | --- |
| Somatosensory Evoked Potentials | |
| 29. Do you use published guidelines for the recording of SEP (Upper and/or Lower)? | Yes / No /Not performed  **If ‘not performed’ go to question 49** |
| 30. If yes, please give reference | |
| 31. Do you use a local protocol for the recording of SEP | Yes / No |
| 32. If yes, please attach a copy | |
| What are your **routinely used** machine settings/stimulus parameters for **upper limb SEP**?   |  |  | | --- | --- | | **Settings:** | | | 33. High frequency filter |  | | 34. Low frequency filter |  | | 35. Time base |  | | 36. Sensitivity |  | | 37. Stimulus rate (Hz) |  | | |
| |  |  | | --- | --- | | What are your **routinely used** machine settings/stimulus parameters for **lower limb SEP**? | | | **Settings:** | | | 38. High frequency filter |  | | 39. Low frequency filter |  | | 40. Time base |  | | 41. Sensitivity |  | | 42. Stimulus rate (Hz) |  | | |
| 43. Have you performed a local or regional audit on SEPs | Yes / No |
| 44. If so please provide a summary/summaries and main recommendations | |
| 45. Do you use published normative data for SEP interpretation? | Yes / No |
| 46. If yes, please give reference | |
| 47. Do you use locally derived normal values for SEP interpretation? | Yes / No |
| 48. If yes, please give details | |
| Brainstem Auditory Evoked potentials | |
| 49. Do you use published guidelines for the recording of BAEP? | Yes / No /Not performed  **If ‘not performed’ the form is complete.** |
| 50. If yes, please give reference | |
| 51. Do you use a local protocol for the recording of BAEP? | Yes / No |
| 52. If yes, please attach a copy | |
| What are your **routinely used** machine settings/stimulus parameters for BAEP?   |  |  | | --- | --- | | **Settings** |  | | 53. High frequency filter |  | | 54. Low frequency filter |  | | 55. Time base |  | | 56. Sensitivity |  | | 57. Stimulus polarity (please circle) | Rarefraction  Condensation  Alternating | | 58. Stimulus rate (Hz) |  | | |
| 59. Have you performed a local or regional audit on BAEP? | Yes / No |
| 60. If yes, please provide a summary and main recommendations | |
| 61. Do you use published normative data for BAEP interpretation? | Yes / No |
| 62. If yes, please give reference | |
| 63. Do you use locally derived normal values for BAEP interpretation? | Yes / No |
| 64. If yes, please give details | |