

Post code of centre (please complete)	
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Local case ID (please complete)	
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Project code (Do not complete – for office use only)	
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FORM B (BAEP) : Please

complete for every patient attending for BAEP (Note: A separate form should be completed for each modality of EP if patient has more than one)

1. What is the age of the patient?	
2. What is the gender of the patient?	Male / Female
3. Before starting testing the patient is identified and the clinical information from the referral verified.	Yes / No
4. Were the results abnormal?	Yes / No
5. If abnormal, does the report make a statement on any abnormality detected?	Yes/ No
6. What number of averages were taken?	
7. Are traces replicated?	Yes / No
8. Are traces superimposed?	Yes / No
9. Does the report of the investigation contain the waveforms?	Yes / No
10. Does the report of the investigation contain the numerical data?	Yes / No
11. Is the professional status of the practitioner performing the investigation identified?	Yes / No
12. Is the professional status of the practitioner reporting the investigation identified?	Yes/ No
13. Is the report signed by the practitioner taking medico-legal responsibility for it?	Yes/ No
14. What was the referral diagnosis	Confirmation of MS Diagnosis of MS Hearing loss Balance disorder Coma Neonatal screening Pre-operative assessment Other, please specify
15. Was any other modality of EP performed on this appointment? (circle all that apply)	SEP lower SEP Upper VEP Other (Please state)

16. Was hearing threshold assessed?	Yes/No If No go to question 18
17. If yes, what was the hearing threshold?	Right ____dB Left ____dB
18. If hearing threshold was not assessed please give reason	
19. What was the stimulus Intensity?	Right ____dB Left ____dB
20. Was masking used?	Yes / No
21. What Recording channels were used? (circle all that apply)	Ai (ipsilateral)-CZ Ac (contralateral) -CZ Other (please state)