

***Orientation Wheel***  
***Subject Data Form***

**Subject ID:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Database #:** \_\_\_\_\_

**Examiner:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Staircase threshold:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Center Line (nasion to inion):** \_\_\_\_\_

**Head Size:** \_\_\_\_\_

**EEG Comments:**


**Additional Comments:**
