**Orientation Wheel - Exo**

**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:** |
|  |
|  |
|  |
|  |
|  |
|  |