

Experiment Log Day: _____ Date: _____. _____. ____.

Date: . .

Seizures?	
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Sleep?	
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Spikes visible?	
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General notes:	
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Experimenter:

Session ____ Task: () Date: ____ . ____ . ____

Task: () Date: . .

Date: . .

Settings

Headache?	yes / no	Neuralynx / Trigger: TTL
Mental state:		Screen Resolution: x
		German / English / Slovenian
Trigger tested	<input type="checkbox"/>	Recording started: __:__
Change ID + Sesh	<input type="checkbox"/>	Experiment started: __:__

Disturbances and notes

[illegible]

Experiment ended:	____:____	Charge laptop	<input type="checkbox"/>
Recording stopped:	____:____	Copy data	<input type="checkbox"/>