CSF Leak Evaluation: 48 hour Flat Test Instructions

Purpose: The 48 Hour Flat Test will help your doctor to determine the extent to which your headache has a "postural component" in which symptoms improve or worsen in response to body position (horizontal vs vertical). Different head pain syndromes can worsen or improve when lying down or sitting/standing for prolonged periods. This information can provide critical clues to the cause and treatment of these conditions.

Method: This test requires that you spend 48 hours flat in bed, positioned with your head no higher than your hips. That means no pillow when you are on your back, but you can use one when laying on your side. Sitting up, even a little, can produce confusing results. Eat in bed and only get out of bed to go to the bathroom and then get back in bed. It is ok to lift your head BRIEFLY to sip water or eat, but the goal is remain completely flat as much as possible during the test.

Patients usually do this in the following way:

- Friday night record your baseline symptoms *before* getting in bed and getting flat. Be sure to write down a number (0=no headache, 10=most severe headache) and any other symptoms you experience such as nausea, ringing in the ears, vision problems, etc.
- Saturday morning get up and go to the bathroom and get back into bed and remain flat.
- Continue in bed until Sunday at 5 pm; then record your symptoms again before getting out of bed and sitting or standing.
- Sunday night at 8 pm **after** being upright for 3 hours record your symptoms again.
- Please try a 48 hour flat test as described above and show the results to your doctor. Remind him/her to include them in your referral to a CSF Leak treatment program.

Name Date of Birth Phone Date of test

Immediately BEFORE starting test:

When were the	followii	ng nun	nbers i	ecord	ed (Ch	eck on	ie):			
☐ Immediately	before	starting	flat tes	st						
After 48 hou	ırs being	flat bu	t befor	e gettii	ng up a	it end c	of test			
☐ 2-3 hours af	ter gettir	ng up a	t end o	f test a	nd afte	r 48 h	ours be	ing flat	:	
Other										
For each sympt Circle the numb not your averag	er that re	eflects	that syı	mptom						
No Head	pain							Sever	e Head Pa	in
or Pres	or Pressure or Pressure									
0	2	3	4	5	6	7	8	9	10	
No Neck pain or Stiffness					Severe Neck pain or Stiffness					
0	2	3	4	5	6	7	8	9	10	
No Naus	sea		Severe Nausea							
0	2	3	4	5	6	7	8	9	10	
No Difficulty with thinking, Severe Difficulty with thinking concentration, or memory concentration, or memory										
0	2	3	4	5	6	7	8	9	10	
No Tinnitus Severe Tinnitus (ringing/buzzing in the ears) (ringing/buzzing in the ears)										
0	2	3	4	5	6	7	8	9	10	

Severe Fatigue

No Fatigue

Name Phone		_	Ü	7	O	Ū		e of Bi		10		
48 hours AFTER being flat and BEFORE getting up												
When were the following numbers recorded (Check one):												
☐ Immediately before starting flat test												
☐ After 48 hours being flat but before getting up at end of test												
2-3 hours after getting up at end of test and after 48 hours being flat												
Other												
For each symptom "0" means that symptom is not present and "10" means it is severe. Circle the number that reflects that symptom severity at that moment in the test . le not your average or typical symptoms												
No Head pain or pressure or Pressure or Pressure Severe Head Pain or Pressure								^o ain				
()	2	3	4	5	6	7	8	9	10		
No Neck pain or Stiffness Severe Neck pain or Stiffness								ain				
()	2	3	4	5	6	7	8	9	10		
No Nau	ısea								Severe Nausea			
()	2	3	4	5	6	7	8	9	10		
No Difficulty with thinking, Severe Difficulty with thinking concentration, or memory concentration, or memory												
()	2	3	4	5	6	7	8	9	10		
No Tinnitus (ringing/buzzing in the ears) 0 2 3 4 5 6 7 8 9 10												
	•	_	J	r	J	J	•	J	J	10		

No Fatigue

0 2 3 4 5 6

7 8

9 10

Severe Fatigue

Name Phone	Ü	_	J	7	Ü	Ü		of Birt		10	
2-3 hours AFTER getting up											
When were the following numbers recorded (Check one):											
☐ Immediately before starting flat test											
☐ After 48 hours being flat but before getting up at end of test											
2-3 hours	after	getting	up at	end of t	test and	d after	48 ho	urs bei	ng flat		
☐ Other											
For each symptom "0" means that symptom is not present and "10" means it is severe. Circle the number that reflects that symptom severity at that moment in the test . le not your average or typical symptoms											
No Head pain or pressure Severe Head Pain											
or Pressure or Pressur											
	0	2	3	4	5	6	7	8	9	10	
No Neck pain or Stiffness Severe Neck pair or Stiffness						•					
	0	2	3	4	5	6	7	8	9	10	
No Na	ausea							Severe Nausea			
110 110	0	2	3	4	5	6	7	8	9	10	
No Difficulty with thinking, concentration, or memory 0 2 3 4 5 6 7 8 9 10						_					
No Ti (ringing/buz	nnitus zzing ir 0	n the ea	ars) 3	4	5	6	7	(ringin 8		re Tinnitus ing in the ea 10	rs)

Severe Fatigue

No Fatigue

0 2 3 4 5 6 7 8 9 10

0 2 3 4 5 6 7 8 9 10

48 hour Flat Test: Notes

Please record any additional notes about your 48 Hour Flat Test and how it changed your symptoms. It is important you do this immediately before the test and immediately afterwards. Later your interpretation of events and recollections may change and often there are useful clues in your thoughts **recorded at the time of the experience.**