



NEUROOPTIMAL[®]
ADVANCED BRAIN TRAINING SYSTEMS

PRE-SESSION EVALUATION

NAME:

DATE:

- 1 How do you feel today?
- 2 What symptoms do you have? please rate them 0-10: (e.g. head stuffy, headache, feeling down etc).
- 3 What medications are you taking?
- 4 How "good" do you feel overall 0-10?
- 5 Have you noticed any effects since your last visit that you think might be related to your shifts?



NEUROOPTIMAL[®]
ADVANCED BRAIN TRAINING SYSTEMS

POST-SESSION EVALUATION

- 1 How do you feel at the end of your session?
- 2 Are any of your symptoms remaining? Please rate them 0-10:
- 3 How "good" do you feel now 0-10?
- 4 In what way do you feel your training is helping you?
- 5 Comments?