

MY WISHLIST

FILL THIS OUT BEFORE YOU START YOUR TRAINING WITH NEUROPTIMAL[®]

I would be pleased if the following shifts were to take place in my life:

1.

2.

3.

Put this in an envelope and don't look at it until after you have completed your training!

Note: Please note that NeuroOptimal[®] does not diagnose, treat, mitigate, prevent or cure any disease, disorder or abnormal physical state, nor does it restore, modify or correct the body's structure or functioning. Information provided is for reference and tracking purposes only. NOT FOR USE IN CANADA.

MY JOURNAL: CHECKLIST

NAME: _____

DATE: _____

PRE/ONGOING/POST: _____

Please check off any item that represents how you are feeling using the past week as your guide.
Add comments if you wish.

- | | | |
|--|---|--|
| 1. Itchy or irritated nose, sneezing | 37. Difficulty going to the bathroom | 71. Get into trouble at school or work |
| 2. Wheezing | 38. Eat when not hungry, or not feeling hungry | 72. Mix up numbers or letters sometimes |
| 3. Catch cold too often | 39. Trouble eating sweets | 73. Difficult to know how things fit together |
| 4. Run down | 40. Urges to eat sweet things | 74. Difficulty with some subjects |
| 5. Tired | 41. Sensitive to heat or cold | 75. Need to go to the bathroom but hard to start |
| 6. Awake too long when you go to bed | 42. Slowed down or speeded up | 76. Lose your urine sometimes |
| 7. Waking up during the night | 43. Moody at certain times of the month | 77. Difficult to control going to the toilet |
| 8. Waking up before you want to | 44. Hot flashes | 78. Stinging sensations when going to the bathroom |
| 9. Difficult to wake up in the morning | 45. Problems from being of a "certain age" | 79. Drink too much sometimes |
| 10. Bad dreams | 46. Not interested in your partner | 80. Smoke cigarettes |
| 11. Difficulty breathing at night | 47. Too interested in your partner or other people? | 81. Concerns about eating |
| 12. Out of bed but not knowing how you got there | 48. Stiff and sore | 82. Need caffeine to get going |
| 13. Skin difficult to manage | 49. Areas that really hurt when touched | 83. Enjoy marijuana |
| 14. Hair weaker or less lustrous than you'd like | 50. Muscles hurt | 84. Habits that concern you |
| 15. Nails weak, flaking or tearing | 51. Fatigued | 85. Moody |
| 16. Blurry vision at times | 52. Pains in your head | 86. Feeling low or flat |
| 17. Areas where you can't see anything | 53. Going to pass out | 87. Feel sad |
| 18. Spots floating in front of you | 54. Lose consciousness | 88. Concerned about things |
| 19. Difficult to hear | 55. Difficult to remember things | 89. Feel terrified sometimes |
| 20. Ringing in your ears | 56. Difficult to find your words | 90. Mull about things |
| 21. Ears hurt inside | 57. Difficulty reading | 91. Thoughts you'd like to stop but can't |
| 22. Smells seem different or lost | 58. Difficult to speak sometimes | 92. Need to do things over and over |
| 23. Nose gets blocked | 59. Shaky | 93. Eat more food than you can comfortably eat |
| 24. Grinding your teeth | 60. Weak | 94. Careful to never eat too much |
| 25. Things taste different | 61. Too active | 95. Make yourself throw up |
| 26. Voice hoarse or sore | 62. Can't balance on one leg | 96. Difficult to do things you'd like to do |
| 27. Can't get enough air | 63. Moving your head or saying words you don't intend | 97. Others are against you |
| 28. Heart too fast or jumpy | 64. Difficulty paying attention | 98. Get into trouble for your behavior |
| 29. Pulsing or throbbing in your head | 65. Easily distracted | 99. Feeling angry |
| 30. Heart skips a beat | 66. Make a lot of mistakes | 100. Overwhelmed |
| 31. World spinning around you | 67. Disorganized | |
| 32. Might throw up | 68. Difficult to complete tasks | |
| 33. Tummy hurts | 69. Lose your train of thought | |
| 34. Gassy, bloated | 70. Difficult to complete studies or work | |
| 35. Sensitive digestion | | |
| 36. Upset stomach | | |

Note: Any concerns mentioned are intended as examples only and not meant to suggest that NeuroOptimal[®] treats, mitigates, cures, or diagnoses any listed concern. Instead, identified concerns and medication use are one of many ways to measure shifts in brain functioning and perception.

MY JOURNAL: TRACKER

Start your journey here and track as you go.

NAME:

DATE:

SESSION #:

MY QUALITY OF LIFE ON A SCALE OF 0-10 IS:

ITEM Pick the items that you would most like to see shift	DURATION How long did it last? Do not count when you were sleeping	INTENSITY How strong was it 0-10	FREQUENCY How many times did you feel this way in the past week, or how many days out of 7?
1.			
2.			
3.			
4.			
5.			

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