

PRE-SESSION CHECK-IN

NAME:

DATE:

- 1 How do you feel today?
- 2 What sensations and feelings do you have? please rate them 0-10: (e.g. head stuffy, discouraged and joyful, etc).
- 3 How “good” do you feel overall 0-10?
- 4 Have you noticed any changes since your last visit that you think might be related to your training?

POST-SESSION CHECK-IN

- 1 How do you feel at the end of your Session?
- 2 Are any of your sensations and feelings remaining? Please rate them 0-10:
- 3 How “good” do you feel now 0-10?
- 4 Do you think your training is helping you? If yes, in what way?
- 5 Comments?

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