

# TRACKING YOUR SHIFTS: THE ONE HUNDRED

NAME:

DATE:

PRE/ONGOING/POST:

Please check off any item that represents how you are feeling so you can track brain perception following your use of NeurOptimal<sup>®</sup>. If you are unsure, use the past week as your guide. It's fine to add comments if you wish. Please note that NeurOptimal<sup>®</sup> does not diagnose, treat, mitigate or cure any disease, disorder or abnormal physical state. This checklist is provided for tracking and reference purposes only. If you require a diagnosis or treatment for any of the below feelings, you should seek medical advice.

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

## TRACKING YOUR SHIFTS

Fill this out before you start training and then every ten to fifteen sessions.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SESSION # \_\_\_\_\_ MY QUALITY OF LIFE ON A SCALE OF 0-10 IS:

\_\_\_\_\_

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

**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. NOT FOR USE IN CANADA