



NeuroOptimal® Progress Tracker

Client: _____ Session# _____ Date: _____

Rate each item from 0-10 (0= No Problem; 10 = Severe)

- | | |
|---|---|
| <input type="checkbox"/> Can't fall asleep | <input type="checkbox"/> Difficulty paying attention |
| <input type="checkbox"/> Wake during night/can't fall back asleep | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Wake up too early | <input type="checkbox"/> Easily distracted when trying to focus |
| <input type="checkbox"/> Feel tired when wake up | <input type="checkbox"/> Difficulty organizing/scheduling |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Difficulty prioritizing tasks |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Make a lot of mistakes |
| <input type="checkbox"/> Wake up and start worrying | <input type="checkbox"/> Losing train of thought |
| | <input type="checkbox"/> Can't sit still |
| <input type="checkbox"/> Shallow breathing/shortness of breath | <input type="checkbox"/> Verbally impulsive |
| <input type="checkbox"/> Holding your breath | <input type="checkbox"/> Inverting numbers/letters |
| | |
| <input type="checkbox"/> Gut issues | <input type="checkbox"/> Food habits are hard to control |
| <input type="checkbox"/> Sensitive digestion | <input type="checkbox"/> Binge eat/drink |
| <input type="checkbox"/> Upset stomach | <input type="checkbox"/> Overspend |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Feel depressed or down |
| | <input type="checkbox"/> Feel sad |
| <input type="checkbox"/> Headaches when under stress | <input type="checkbox"/> Feel worried |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Feel like the world isn't a safe place |
| <input type="checkbox"/> Can't remember what I just did | <input type="checkbox"/> Feel like others are against me |
| <input type="checkbox"/> Memory problems | <input type="checkbox"/> Feel anxious Panic attacks |
| <input type="checkbox"/> Blocked on words | <input type="checkbox"/> Feel hopeless |
| <input type="checkbox"/> Body or vocal tics | <input type="checkbox"/> Feel numb |
| | <input type="checkbox"/> Have repetitive/persistent worries |
| <input type="checkbox"/> Low interest in sex | <input type="checkbox"/> Obsessive thoughts |
| <input type="checkbox"/> Over interest in sex | <input type="checkbox"/> Need to repeat actions over and over |
| | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Feel angry/angry outbursts |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Pain in muscles/joints | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Body fatigue | <input type="checkbox"/> Want to hide |
| <input type="checkbox"/> Don't feel comfortable in my body | <input type="checkbox"/> Feel frozen in my life |

List Top 4 Current Areas of Concern

1. _____
2. _____
3. _____
4. _____

List Top 4 Areas of Improvement

1. _____
2. _____
3. _____
4. _____

NOTES: _____

*NeurOptimal® is a training tool and 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. If you require medical assistance, please seek the advice of your physician. NeurOptimal® is designated by the FDA as a General Wellness Product based on its safety and intended uses.