NeuroBeat

EXPERIMENT LOG

Date:

1. Which brain health element did you choose?

2. What did you do?
Describe your activity.

3. How did you feel afterwards?

4. What did you notice?
Anything that surprised you?

5. Would you do this experiment again?

- [ ] Yes
- [ ] Maybe
- [ ] No

If yes, what might you change?

One sentence summary
Today I discovered...