NEUROPTIMAL®
Advanced Brain Training Systems

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.

- ☐ Itchy or irritated nose, sneezing
- ☐ Wheezing
- ☐ Catch cold too often
- ☐ Run down
- ☐ Tired
- ☐ Awake too long when you go to bed
- ☐ Waking up during the night
- ☐ Waking up before you want to
- ☐ Difficult to wake up in the morning
- ☐ Bad dreams
- ☐ Difficulty breathing at night
- ☐ Out of bed but not knowing how you got there
- ☐ Skin difficult to manage
- ☐ Hair weaker or less lustrous than you'd like
- ☐ Nails weak, flaking or tearing
- ☐ Blurry vision at times
- ☐ Areas where you can't see anything
- ☐ Spots floating in front of you
- ☐ Difficult to hear
- ☐ Ringing in your ears
- ☐ Ears hurt inside
- ☐ Smells seem different or lost
- ☐ Nose gets blocked
- ☐ Grinding your teeth
- ☐ Things taste different
- ☐ Voice hoarse or sore
- ☐ Can't get enough air
- ☐ Heart too fast or jumpy
- ☐ Pulsing or throbbing in your head
- ☐ Heart skips a beat
- ☐ World spinning around you
- ☐ Might throw up
- ☐ Tummy hurts
- ☐ Gassy, bloated
- ☐ Sensitive digestion
- ☐ Upset stomach
- ☐ Difficulty going to the bathroom
- ☐ Eat when not hungry, or not feeling hungry
- ☐ Trouble eating sweets
- ☐ Urges to eat sweet things
- ☐ Sensitive to heat or cold
- ☐ Slowed down or speeded up
- ☐ Moody at certain times of the month
- ☐ Hot flashes
- ☐ Problems from being of a "certain age"
- ☐ Not interested in your partner
- ☐ Too interested in your partner or other people?
- ☐ Stiff and sore
- ☐ Areas that really hurt when touched
- ☐ Muscles hurt
- ☐ Fatigued
- ☐ Pains in your head
- ☐ Going to pass out
- ☐ Lose consciousness
- ☐ Difficult to remember things
- ☐ Difficult to find your words
- ☐ Difficulty reading
- ☐ Difficult to speak sometimes
- ☐ Shaky
- ☐ Weak
- ☐ Too active
- ☐ Can't balance on one leg
- ☐ Moving your head or saying words you don't intend
- ☐ Difficulty paying attention
- ☐ Easily distracted
- ☐ Make a lot of mistakes
- ☐ Disorganized
- ☐ Difficult to complete tasks
- ☐ Lose your train of thought
- ☐ Difficult to complete studies or work
- ☐ Get into trouble at school or work
- ☐ Mix up numbers or letters sometimes
- ☐ Difficult to know how things fit together
- ☐ Difficulty with some subjects
- ☐ Need to go to the bathroom but hard to start
- ☐ Lose your urine sometimes
- ☐ Difficult to control going to the toilet
- ☐ Stinging sensations when going to the bathroom
- ☐ Drink too much sometimes
- ☐ Smoke cigarettes
- ☐ Concerns about eating
- ☐ Need caffeine to get going
- ☐ Enjoy marijuana
- ☐ Habits that concern you
- ☐ Moody
- ☐ Feeling low or flat
- ☐ Feel sad
- ☐ Concerned about things
- ☐ Feel terrified sometimes
- ☐ Mull about things
- ☐ Thoughts you'd like to stop but can't
- ☐ Need to do things over and over
- ☐ Eat more food than you can comfortably eat
- ☐ Careful to never eat too much
- ☐ Make yourself throw up
- ☐ Difficult to do things you'd like to do
- ☐ Others are against you
- ☐ Get into trouble for your behavior
- ☐ Feeling angry
- ☐ Overwhelmed

Note: Any concerns mentioned are intended as examples only and not meant to suggest that NeurOptimal® 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.

