

## TRACKING YOUR SHIFTS

Fill this out before you start training and then every 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.			
4.			
5.			

**Note:** Please note that NeuroOptimal<sup>®</sup> 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