

MY SYMPTOMS TRACKER

Fill out once a month and see the changes.

Name: _____ Date: _____

Training Period: Week: ___ or Month: ___ My quality of life in a scale of 0-10 (10=better) is: _____

	SYMPTOM	DURATION	INTENSITY	FREQUENCY
#	Pick the issues that you would like to see shift.	How long did it last? (in minutes or hours)	How strong was it? (From a scale 0-10, 10 strongest)	How many times did it happen in the last week? Or times per day if it's every day.
1				
2				
3				
4				
5				

NeuroOptimal® 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.