



## BRAIN@WORK

Please rate the following symptoms for level of severity since the last neurofeedback session for you or your child by circling the number that best describes the symptom. If this is the first session please rate overall level of severity.

SYMPTOM	SEVERITY: 1 = LEAST SEVERE 10 = MOST SEVERE										
HEADACHE	0	1	2	3	4	5	6	7	8	9	10
INSOMNIA	0	1	2	3	4	5	6	7	8	9	10
ANXIETY	0	1	2	3	4	5	6	7	8	9	10
PANIC	0	1	2	3	4	5	6	7	8	9	10
NO APPETITE	0	1	2	3	4	5	6	7	8	9	10
NIGHTMARES	0	1	2	3	4	5	6	7	8	9	10
SADNESS	0	1	2	3	4	5	6	7	8	9	10
INATTENTION	0	1	2	3	4	5	6	7	8	9	10
UPSET STOMACH	0	1	2	3	4	5	6	7	8	9	10
AGITATION	0	1	2	3	4	5	6	7	8	9	10
ON EDGE	0	1	2	3	4	5	6	7	8	9	10
IMPULSIVITY	0	1	2	3	4	5	6	7	8	9	10
MOOD SWINGS	0	1	2	3	4	5	6	7	8	9	10
ADDICTION URGES	0	1	2	3	4	5	6	7	8	9	10
DEPRESSION	0	1	2	3	4	5	6	7	8	9	10
HYPERVIGILANCE	0	1	2	3	4	5	6	7	8	9	10
IRRITABLE BOWEL	0	1	2	3	4	5	6	7	8	9	10
UNWANTED THOUGHTS	0	1	2	3	4	5	6	7	8	9	10
OVEREATING	0	1	2	3	4	5	6	7	8	9	10
EASILY STARTLED	0	1	2	3	4	5	6	7	8	9	10
OTHER:	0	1	2	3	4	5	6	7	8	9	10

DATE: \_\_\_\_\_

PRACTITIONER: \_\_\_\_\_

