NEUROPTIMAL®
POWERED BY ZENGAR®

PRE-SESSION EVALUATION

NAME: DATE:

1. How do you feel today?
2. What symptoms do you have? (e.g. head stuffy, headache, feeling down etc).
3. Please rate your symptoms 0-10
4. What medications are you taking?
5. How "good" do you feel overall 0-10?
6. Have you noticed any effects since your last visit that you think might be related to your training?

Pre CC	Post CC	Diff + / -	Session: 1 2 3 Reg Ext	Other: (enter times) Z1	Z2	Z3	Z4

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POST-SESSION EVALUATION

1. How do you feel at the end of your session?
2. Are any of your symptoms remaining? Please rate them 0-10:
3. How "good" do you feel now 0-10?
4. Are you alert enough to drive?
5. Do you feel your training is helping you?
6. Comments?