NEUROPTIMAL®
Advanced Brain Training Systems

MY JOURNAL: TRACKER

Start your journey here and track as you go.

NAME: _____ DATE: _____

SESSION #: _____ MY QUALITY OF LIFE ON A SCALE OF 0-10 IS: _____

ITEM Pick the items that you would most like to see shift	DURATION How long did it last? Do not count when you were sleeping	INTENSITY How strong was it 0-10	FREQUENCY 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 NeurOptimal® 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.