

## MY JOURNAL: CHECKLIST

NAME: \_\_\_\_\_

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

PRE/ONGOING/POST: \_\_\_\_\_

**Please check off any item that represents how you are feeling using the past week as your guide.  
Add comments if you wish.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Itchy or irritated nose, sneezing            | <input type="checkbox"/> Trouble eating sweets                             | <input type="checkbox"/> Need to go to the bathroom but hard to start   |
| <input type="checkbox"/> Wheezing                                     | <input type="checkbox"/> Urges to eat sweet things                         | <input type="checkbox"/> Lose your urine sometimes                      |
| <input type="checkbox"/> Catch cold too often                         | <input type="checkbox"/> Sensitive to heat or cold                         | <input type="checkbox"/> Difficult to control going to the toilet       |
| <input type="checkbox"/> Run down                                     | <input type="checkbox"/> Slowed down or speeded up                         | <input type="checkbox"/> Stinging sensations when going to the bathroom |
| <input type="checkbox"/> Tired  | <input type="checkbox"/> Moody at certain times of the month               | <input type="checkbox"/> Drink too much sometimes                       |
| <input type="checkbox"/> Awake too long when you go to bed            | <input type="checkbox"/> Hot flashes                                       | <input type="checkbox"/> Smoke cigarettes                               |
| <input type="checkbox"/> Waking up during the night                   | <input type="checkbox"/> Problems from being of a "certain age"            | <input type="checkbox"/> Concerns about eating                          |
| <input type="checkbox"/> Waking up before you want to                 | <input type="checkbox"/> Not interested in your partner                    | <input type="checkbox"/> Need caffeine to get going                     |
| <input type="checkbox"/> Difficult to wake up in the morning          | <input type="checkbox"/> Too interested in your partner or other people?   | <input type="checkbox"/> Enjoy marijuana                                |
| <input type="checkbox"/> Bad dreams                                   | <input type="checkbox"/> Stiff and sore                                    | <input type="checkbox"/> Habits that concern you                        |
| <input type="checkbox"/> Difficulty breathing at night                | <input type="checkbox"/> Areas that really hurt when touched               | <input type="checkbox"/> Moody  |
| <input type="checkbox"/> Out of bed but not knowing how you got there | <input type="checkbox"/> Muscles hurt                                      | <input type="checkbox"/> Feeling low or flat                            |
| <input type="checkbox"/> Skin difficult to manage                     | <input type="checkbox"/> Fatigued  | <input type="checkbox"/> Feel sad                                       |
| <input type="checkbox"/> Hair weaker or less lustrous than you'd like | <input type="checkbox"/> Pains in your head                                | <input type="checkbox"/> Concerned about things                         |
| <input type="checkbox"/> Nails weak, flaking or tearing               | <input type="checkbox"/> Going to pass out                                 | <input type="checkbox"/> Feel terrified sometimes                       |
| <input type="checkbox"/> Blurry vision at times                       | <input type="checkbox"/> Lose consciousness                                | <input type="checkbox"/> Mull about things                              |
| <input type="checkbox"/> Areas where you can't see anything           | <input type="checkbox"/> Difficult to remember things                      | <input type="checkbox"/> Thoughts you'd like to stop but can't          |
| <input type="checkbox"/> Spots floating in front of you               | <input type="checkbox"/> Difficult to find your words                      | <input type="checkbox"/> Need to do things over and over                |
| <input type="checkbox"/> Difficult to hear                            | <input type="checkbox"/> Difficulty reading                                | <input type="checkbox"/> Eat more food than you can comfortably eat     |
| <input type="checkbox"/> Ringing in your ears                         | <input type="checkbox"/> Difficult to speak sometimes                      | <input type="checkbox"/> Careful to never eat too much                  |
| <input type="checkbox"/> Ears hurt inside                             | <input type="checkbox"/> Shaky   | <input type="checkbox"/> Make yourself throw up                         |
| <input type="checkbox"/> Smells seem different or lost                | <input type="checkbox"/> Weak  | <input type="checkbox"/> Difficult to do things you'd like to do        |
| <input type="checkbox"/> Nose gets blocked                            | <input type="checkbox"/> Too active  | <input type="checkbox"/> Others are against you                         |
| <input type="checkbox"/> Grinding your teeth                          | <input type="checkbox"/> Can't balance on one leg                          | <input type="checkbox"/> Get into trouble for your behavior             |
| <input type="checkbox"/> Things taste different                       | <input type="checkbox"/> Moving your head or saying words you don't intend | <input type="checkbox"/> Feeling angry                                  |
| <input type="checkbox"/> Voice hoarse or sore                         | <input type="checkbox"/> Difficulty paying attention                       | <input type="checkbox"/> Overwhelmed                                    |
| <input type="checkbox"/> Can't get enough air                         | <input type="checkbox"/> Easily distracted                                 | _____   |
| <input type="checkbox"/> Heart too fast or jumpy                      | <input type="checkbox"/> Make a lot of mistakes                            | _____   |
| <input type="checkbox"/> Pulsing or throbbing in your head            | <input type="checkbox"/> Disorganized                                      | _____   |
| <input type="checkbox"/> Heart skips a beat                           | <input type="checkbox"/> Difficult to complete tasks                       | _____   |
| <input type="checkbox"/> World spinning around you                    | <input type="checkbox"/> Lose your train of thought                        | _____   |
| <input type="checkbox"/> Might throw up                               | <input type="checkbox"/> Difficult to complete studies or work             | _____   |
| <input type="checkbox"/> Tummy hurts                                  | <input type="checkbox"/> Get into trouble at school or work                | _____   |
| <input type="checkbox"/> Gassy, bloated                               | <input type="checkbox"/> Mix up numbers or letters sometimes               | _____   |
| <input type="checkbox"/> Sensitive digestion                          | <input type="checkbox"/> Difficult to know how things fit together         | _____   |
| <input type="checkbox"/> Upset stomach                                | <input type="checkbox"/> Difficulty with some subjects                     | _____   |
| <input type="checkbox"/> Difficulty going to the bathroom             |  | _____   |
| <input type="checkbox"/> Eat when not hungry, or not feeling hungry   |  | _____   |

**Note:** NeuroOptimal® is a training tool and does not diagnose, treat, mitigate, prevent, or cure any listed concern or other 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.