

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 Enter an item that you would like to see a shift in.	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?

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.