

PREDEFINED CATEGORIES FOR SYMPTOM TRACKING

Please rate **10 - 20 symptoms of concern** that you would like to track, considering both **frequency & severity** to choose a number from 0 (none) to 10 (most severe). This will represent a **baseline** of your overall experience.

Consider whether you will be able to observe & report on any changes in the symptoms you select.

You'll get an email to remind you to log in & rate each symptom. **The success of the neurofeedback training is directly related to the timely and accurate report sent after each session.**

1 CATEGORY: SLEEP			
Bruxism		Difficulty falling asleep	
Difficulty maintaining sleep		Difficulty waking	
Dysregulated sleep cycle		Narcolepsy	
Night sweats		Night terrors	
Nightmares or vivid dreams		Nocturnal enuresis	
Periodic leg movements		Restless leg	
Restless sleep		Sleep apnea	
Sleep walking		Snoring	
Talking during sleep			

2 CATEGORY: ATTENTION and LEARNING			
Difficulty completing tasks		Difficulty following direction	
Difficulty making decisions		Difficulty organizing personal time/space	
Difficulty remembering names		Difficulty shifting attention	
Difficulty shifting tasks		Difficulty thinking clearly	
Difficulty understanding conversations		Distractibility	
Lack of alertness		Lacking common sense	
Messy handwriting		Not listening	
Poor concentration		Poor drawing ability	
Poor math		Poor short-term memory	
Poor sustained attention		Poor verbal expression	
Poor vocabulary		Poor word finding	
Reading difficulty		Slow thinking	
Unmotivated			

3 CATEGORY: SENSORY

Auditory hypersensitivity		Chemical sensitivities	
Motion sickness		Poor body awareness	
Somatosensory deficits		Tactile hypersensitivity	
Tinnitus		Vertigo	
Visual deficits		Visual hypersensitivity	

4 CATEGORY: BEHAVIORAL

Addictive behaviors		Aggressive behavior	
Anorexia		Autistic stimming	
Binging and purging		Class clown	
Compulsive behaviors		Compulsive eating	
Crying		Excessive talking	
Hyperactivity		Impulsivity	
Inflexibility		Lack of appetite awareness	
Lack of sense of humor		Lack of social interest	
Manipulative behavior		Motor or vocal tics	
Nail biting		Oppositional or defiant behavior	
Poor eye contact		Poor grooming	
Poor social or emotional reciprocity		Poor speech articulation	
Rages		Self-injurious behavior	
Stuttering			

5 CATEGORY: EMOTIONAL

Agitation		Anger	
Anxiety		Depression	
Difficult to soothe		Dissociative episodes	
Easily embarrassed		Emotional reactivity	
Fears		Feelings of unreality	
Flashbacks of trauma		Impatience	
Irritability		Lack of emotional awareness	
Lack of pleasure		Lack of social awareness	
Low self-esteem		Mania	
Mood swings		Obsessive negative thoughts	
Obsessive worries		Panic attacks	
Paranoia		Suicidal thoughts	

6 CATEGORY: PHYSICAL

Allergies		Asthma	
Chronic constipation		Clumsiness	
Difficulty walking or moving		Difficulty working	
Effort fatigue		Encopresis	
Fatigue		Heart palpitations	
High blood pressure		Hot flashes	
Immune deficiency		Irritable bowel	
Low muscle tone		Muscle tension	
Muscle twitches		Muscle weakness	
Nausea		PMS symptoms	
Poor balance		Poor fine motor coordination	
Poor gross motor coordination		Reflux	
Rigidity		Seizures	
Skin rashes		Spasticity	
Stress incontinence		Sugar craving and reactivity	
Sweating		Tachycardia	
Tremor		Urge incontinence	

7 CATEGORY: PAIN

Abdominal pain		Chronic aching pain	
Chronic nerve pain		Fibromyalgia pain	
Jaw pain		Joint pain	
Migraine headaches		Muscle pain	
Muscle tension headaches		Sciatica	
Sinus headaches		Stomach aches	
Trigeminal neuralgia			