Neurofeedback Clinic of Northern Colorado

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Fort Collins, CO 80525

Please rate the following symptoms for level of severity since the last EEG biofeedback session for you or your child by circling the number that best describes the symptom. If this is the first session please rate overall level of severity.

SYMPTOM	SEVERITY: 1= LEAST SEVERE 10 = MOST SEVERE
HEADACHE	1 2 3 4 5 6 7 8 9 10
INSOMNIA	1 2 3 4 5 6 7 8 9 10
ANXIETY	1 2 3 4 5 6 7 8 9 10
PANIC	1 2 3 4 5 6 7 8 9 10
NO APPETITE	1 2 3 4 5 6 7 8 9 10
NIGHTMARES	1 2 3 4 5 6 7 8 9 10
SADNESS	1 2 3 4 5 6 7 8 9 10
INATTENTION	1 2 3 4 5 6 7 8 9 10
UPSET STOMACH	1 2 3 4 5 6 7 8 9 10
AGITATION	1 2 3 4 5 6 7 8 9 10
ON EDGE	1 2 3 4 5 6 7 8 9 10
IMPULSIVITY	1 2 3 4 5 6 7 8 9 10
MOOD SWINGS	1 2 3 4 5 6 7 8 9 10
ADDICTION URGES	1 2 3 4 5 6 7 8 9 10
DEPRESSION	1 2 3 4 5 6 7 8 9 10
HYPERVIGILANCE	1 2 3 4 5 6 7 8 9 10
IRRITABLE BOWEL	1 2 3 4 5 6 7 8 9 10
UNWANTED THOUGHTS	1 2 3 4 5 6 7 8 9 10
OVEREATING	1 2 3 4 5 6 7 8 9 10
EASILY STARTLED	1 2 3 4 5 6 7 8 9 10
OTHER:	1 2 3 4 5 6 7 8 9 10

DATE:_____ THERAPIST:_____

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