

Trinity Counseling

Neurofeedback Checklist

Instructions: Please check the box for any symptom that applies to you.

Name: _____ Date: _____

1 CATEGORY SLEEP		
<input type="checkbox"/>	Bruxism (teething grinding)	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty falling asleep	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty maintaining sleep	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty waking	<input type="checkbox"/>
<input type="checkbox"/>	Disregulated sleep cycle	<input type="checkbox"/>
<input type="checkbox"/>	Narcolepsy	<input type="checkbox"/>
<input type="checkbox"/>	Night sweats	<input type="checkbox"/>
<input type="checkbox"/>	Night terrors	<input type="checkbox"/>
<input type="checkbox"/>	Nightmares or vivid dreams	<input type="checkbox"/>
<input type="checkbox"/>	Nocturnal enuresis	<input type="checkbox"/>
<input type="checkbox"/>	Periodic leg movements	<input type="checkbox"/>
<input type="checkbox"/>	Restless leg	<input type="checkbox"/>
<input type="checkbox"/>	Restless sleep	<input type="checkbox"/>
<input type="checkbox"/>	Sleep apnea	<input type="checkbox"/>
<input type="checkbox"/>	Sleep walking	<input type="checkbox"/>
<input type="checkbox"/>	Snoring	<input type="checkbox"/>
<input type="checkbox"/>	Talking during sleep	<input type="checkbox"/>
<input type="checkbox"/>	Bed Sheets Scattered in the Morning	<input type="checkbox"/>
<input type="checkbox"/>	Crashing to sleep in less than 10 min	<input type="checkbox"/>
2 CATEGORY ATTENTION+ LEARNING		
<input type="checkbox"/>	Difficulty completing tasks	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty following directions	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty making decisions	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty organizing personal time or space	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty remembering names	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty shifting attention	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty shifting tasks	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty thinking clearly	<input type="checkbox"/>
<input type="checkbox"/>	Difficulty understanding conversations	<input type="checkbox"/>
<input type="checkbox"/>	Distractibility	<input type="checkbox"/>
<input type="checkbox"/>	Lack of alertness	<input type="checkbox"/>
<input type="checkbox"/>	Lacking common sense	<input type="checkbox"/>
<input type="checkbox"/>	Messy handwriting	<input type="checkbox"/>
<input type="checkbox"/>	Not listening	<input type="checkbox"/>
<input type="checkbox"/>	Poor concentration	<input type="checkbox"/>
<input type="checkbox"/>	Poor drawing ability	<input type="checkbox"/>
<input type="checkbox"/>	Poor math	<input type="checkbox"/>
<input type="checkbox"/>	Poor short-term memory	<input type="checkbox"/>
<input type="checkbox"/>	Poor sustained attention	<input type="checkbox"/>
<input type="checkbox"/>	Poor verbal expression	<input type="checkbox"/>
<input type="checkbox"/>	Poor vocabulary	<input type="checkbox"/>
<input type="checkbox"/>	Poor word finding	<input type="checkbox"/>
<input type="checkbox"/>	Reading difficulty	<input type="checkbox"/>
<input type="checkbox"/>	Slow thinking	<input type="checkbox"/>
<input type="checkbox"/>	Unmotivated	<input type="checkbox"/>
<input type="checkbox"/>	Easily Overwhelmed	<input type="checkbox"/>
3 CATEGORY SENSORY		
<input type="checkbox"/>	Auditory hypersensitivity	<input type="checkbox"/>
<input type="checkbox"/>	Chemical sensitivities	<input type="checkbox"/>
<input type="checkbox"/>	Motion sickness	<input type="checkbox"/>
<input type="checkbox"/>	Poor body awareness	<input type="checkbox"/>
<input type="checkbox"/>	Somatosensory deficits	<input type="checkbox"/>
<input type="checkbox"/>	Tactile hypersensitivity	<input type="checkbox"/>
<input type="checkbox"/>	Tinnitus	<input type="checkbox"/>
<input type="checkbox"/>	Vertigo	<input type="checkbox"/>
<input type="checkbox"/>	Visual deficits	<input type="checkbox"/>
<input type="checkbox"/>	Visual hypersensitivity	<input type="checkbox"/>
4 CATEGORY BEHAVIORIAL		
<input type="checkbox"/>	Addictive behaviors	<input type="checkbox"/>
<input type="checkbox"/>	Aggressive behavior	<input type="checkbox"/>
<input type="checkbox"/>	Anorexia	<input type="checkbox"/>
<input type="checkbox"/>	Autistic stemming	<input type="checkbox"/>
<input type="checkbox"/>	Binging and purging	<input type="checkbox"/>
<input type="checkbox"/>	Class clown	<input type="checkbox"/>
<input type="checkbox"/>	Compulsive behaviors	<input type="checkbox"/>
<input type="checkbox"/>	Compulsive eating	<input type="checkbox"/>
<input type="checkbox"/>	Crying	<input type="checkbox"/>
<input type="checkbox"/>	Excessive talking	<input type="checkbox"/>
<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>
<input type="checkbox"/>	Impulsivity	<input type="checkbox"/>
<input type="checkbox"/>	Inflexibility	<input type="checkbox"/>
<input type="checkbox"/>	Lack of appetite awareness	<input type="checkbox"/>
<input type="checkbox"/>	Lack of sense of humor	<input type="checkbox"/>
<input type="checkbox"/>	Lack of social interest	<input type="checkbox"/>
<input type="checkbox"/>	Manipulative behavior	<input type="checkbox"/>
<input type="checkbox"/>	Motor or vocal tics	<input type="checkbox"/>
<input type="checkbox"/>	Nail biting	<input type="checkbox"/>
<input type="checkbox"/>	Oppositional or defiant behavior	<input type="checkbox"/>
<input type="checkbox"/>	Poor eye contact	<input type="checkbox"/>
<input type="checkbox"/>	Poor grooming	<input type="checkbox"/>
<input type="checkbox"/>	Poor social or emotional reciprocity	<input type="checkbox"/>
<input type="checkbox"/>	Poor Speech articulation	<input type="checkbox"/>
<input type="checkbox"/>	Rages	<input type="checkbox"/>
<input type="checkbox"/>	Self-injurious behavior	<input type="checkbox"/>
<input type="checkbox"/>	Stuttering	<input type="checkbox"/>
<input type="checkbox"/>	Alcohol Urges	<input type="checkbox"/>
<input type="checkbox"/>	Perfectionism	<input type="checkbox"/>
<input type="checkbox"/>	Road Rage	<input type="checkbox"/>

	Inability to stay seated		Groggy in the morning (not due to meds)
	Poor Appetite or Loss of Appetite		Driven (Type A)
	Loud Unmodulated Voice		
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
	Excessive Shame/Self-Doubt		Poor Empathic Ability
	Racing Thoughts		Forgetful
	Feeling or Acting Drunk		Feeling "Jumpy"
	Impatient		Emotionally detached
	Depersonalization		Disassociation
	Fearful/Phobic		Feeling Emotionally Flat
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
	Pressure in Chest		Inability to Relax
	Skin Crawling Sensation		
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		Arthritis Pain