

# Neurofeedback Evaluation Session

Name \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Symptoms reported before session:

Site \_\_\_\_ - \_\_\_\_ Inhibits \_\_\_\_\_ Game \_\_\_\_\_

Reward frequency:

Reported effects of training:

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

\_\_\_\_\_ Hz

Comments: