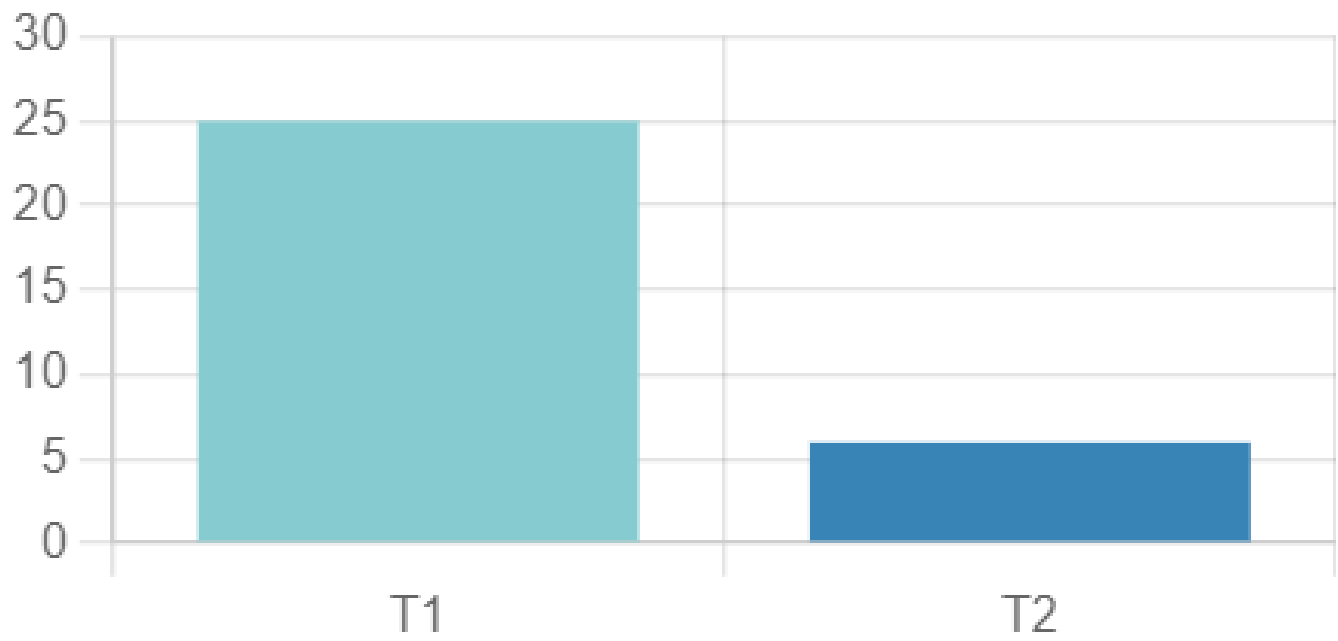
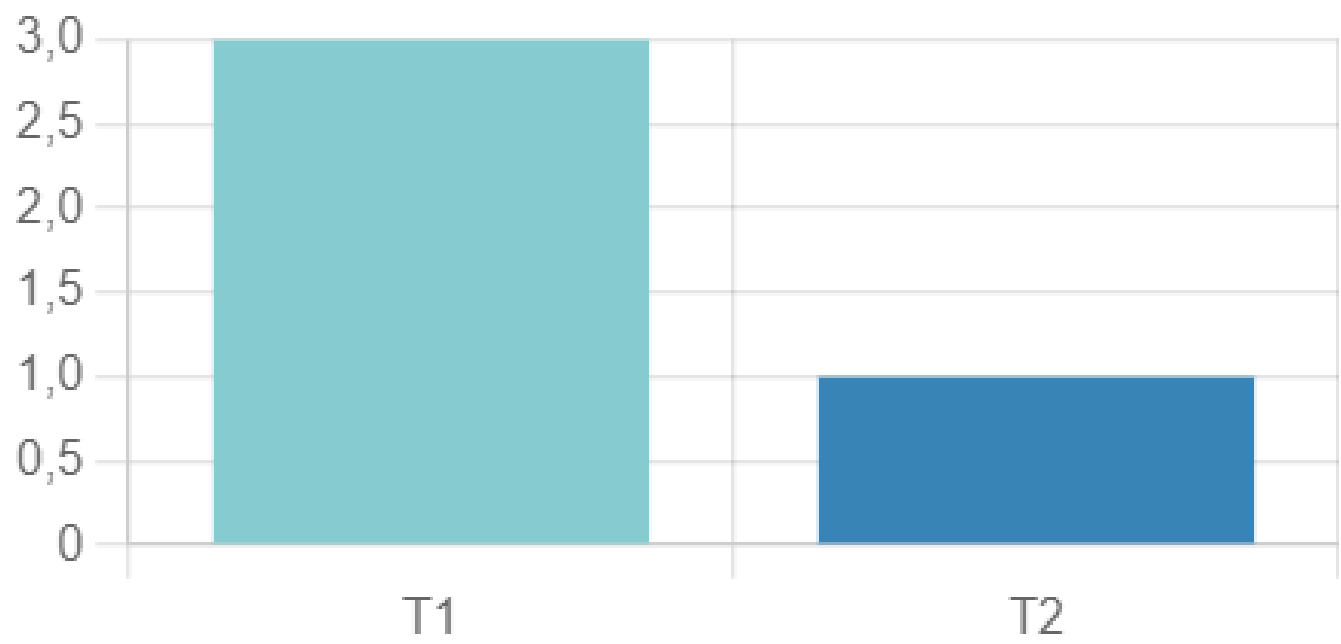


Concern 1:

1.1. How many days

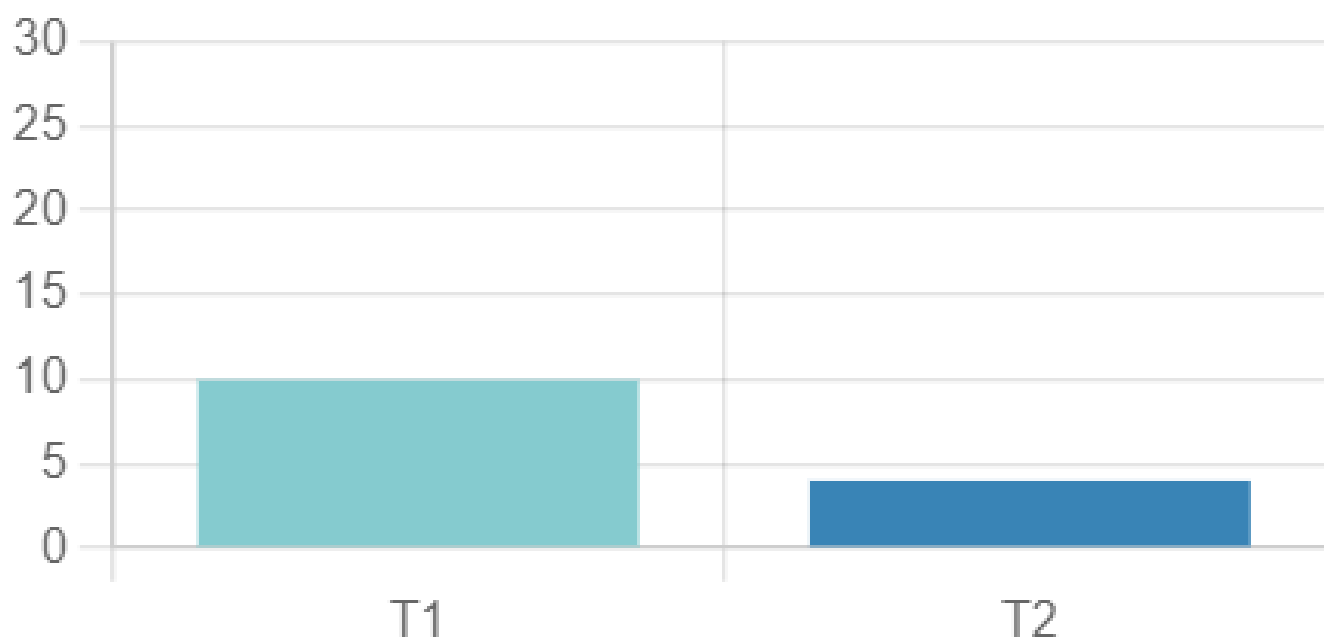


1.2. Level of discomfort

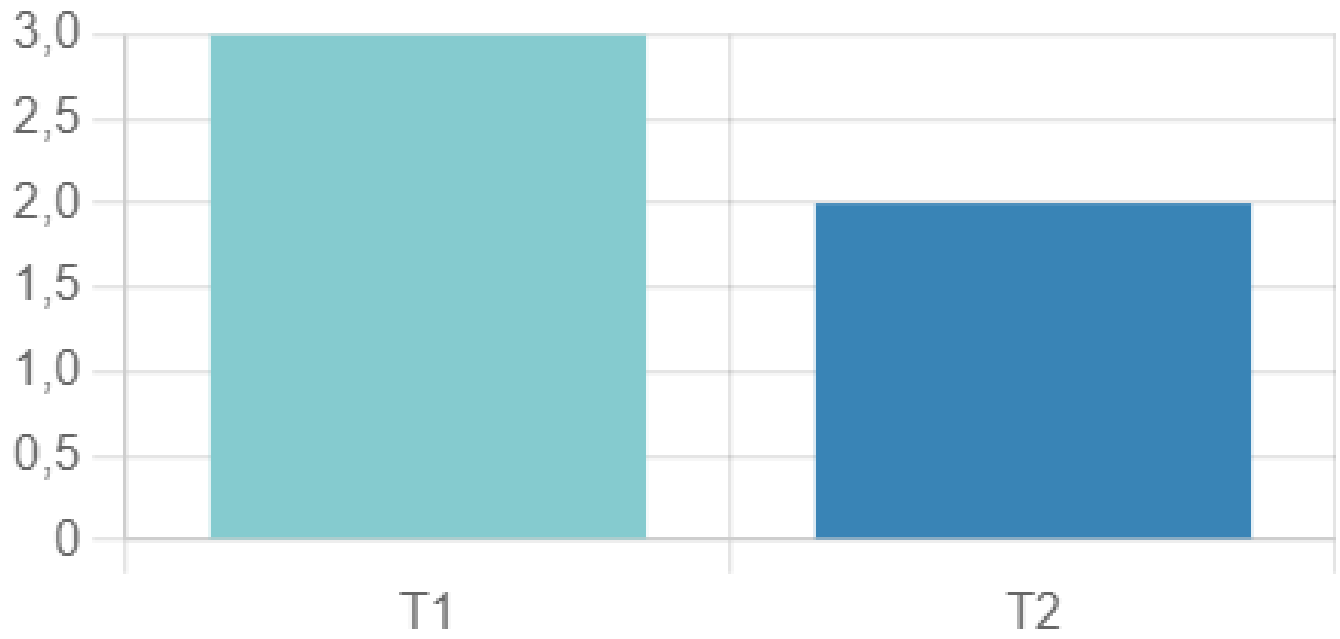


Concern 2:

2.1. How many days

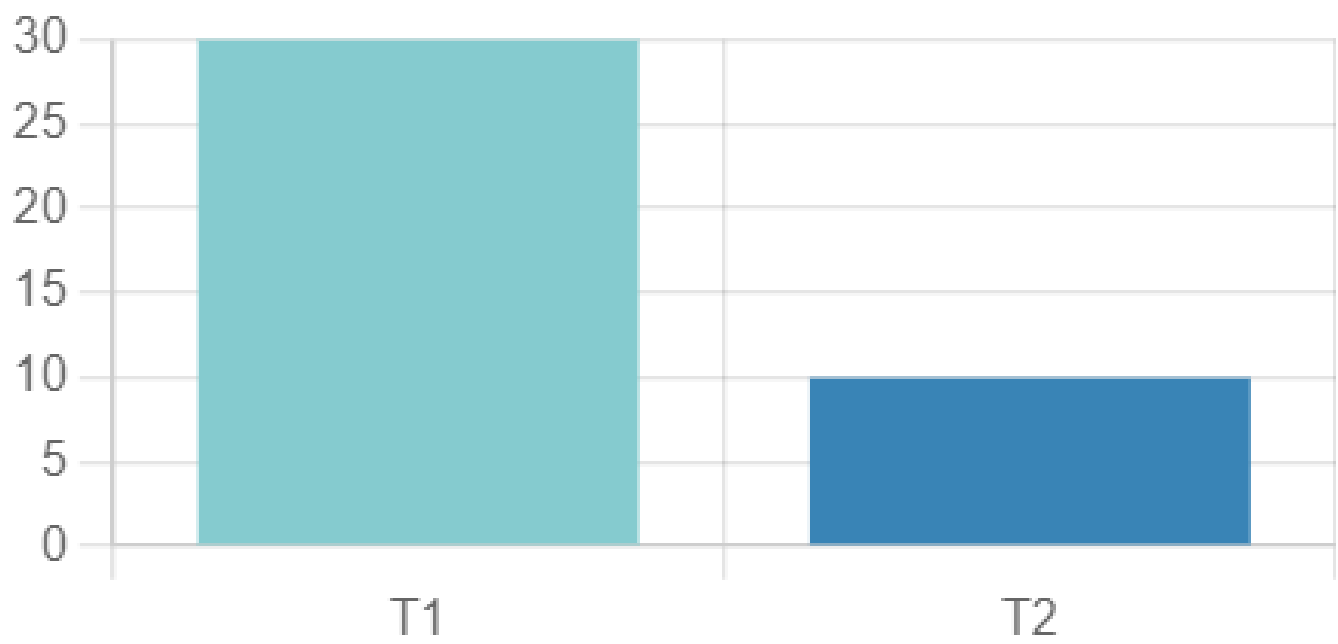


2.2. Level of discomfort

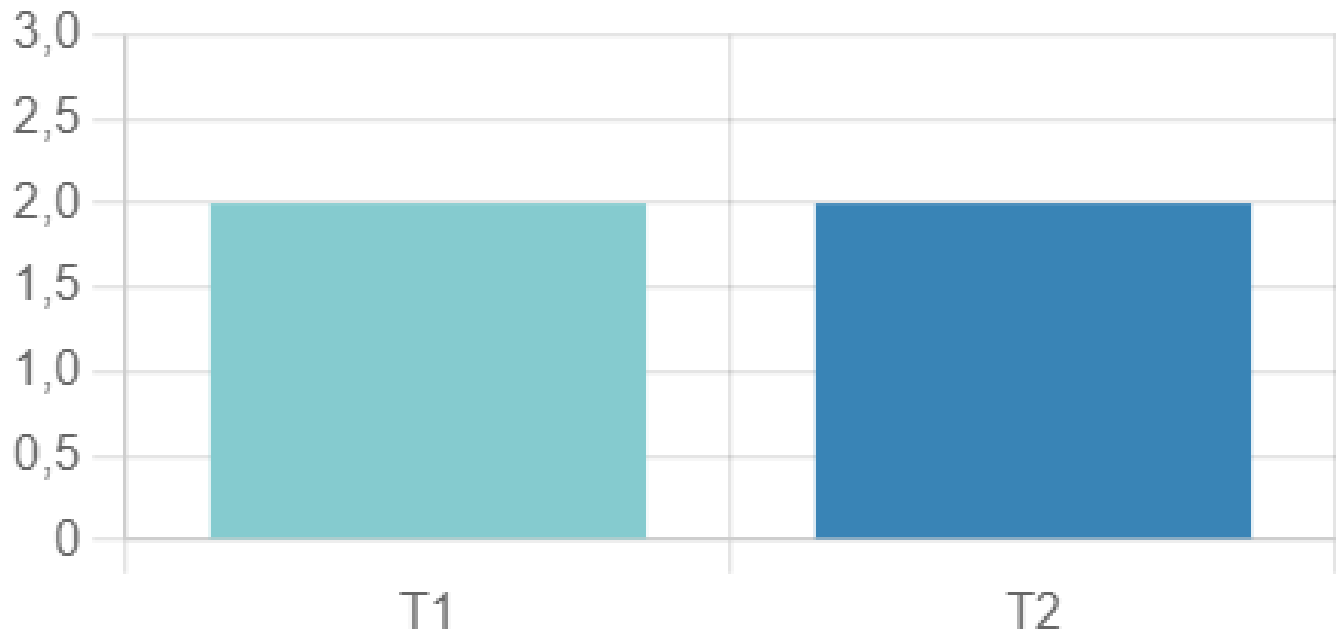


Concern 3:

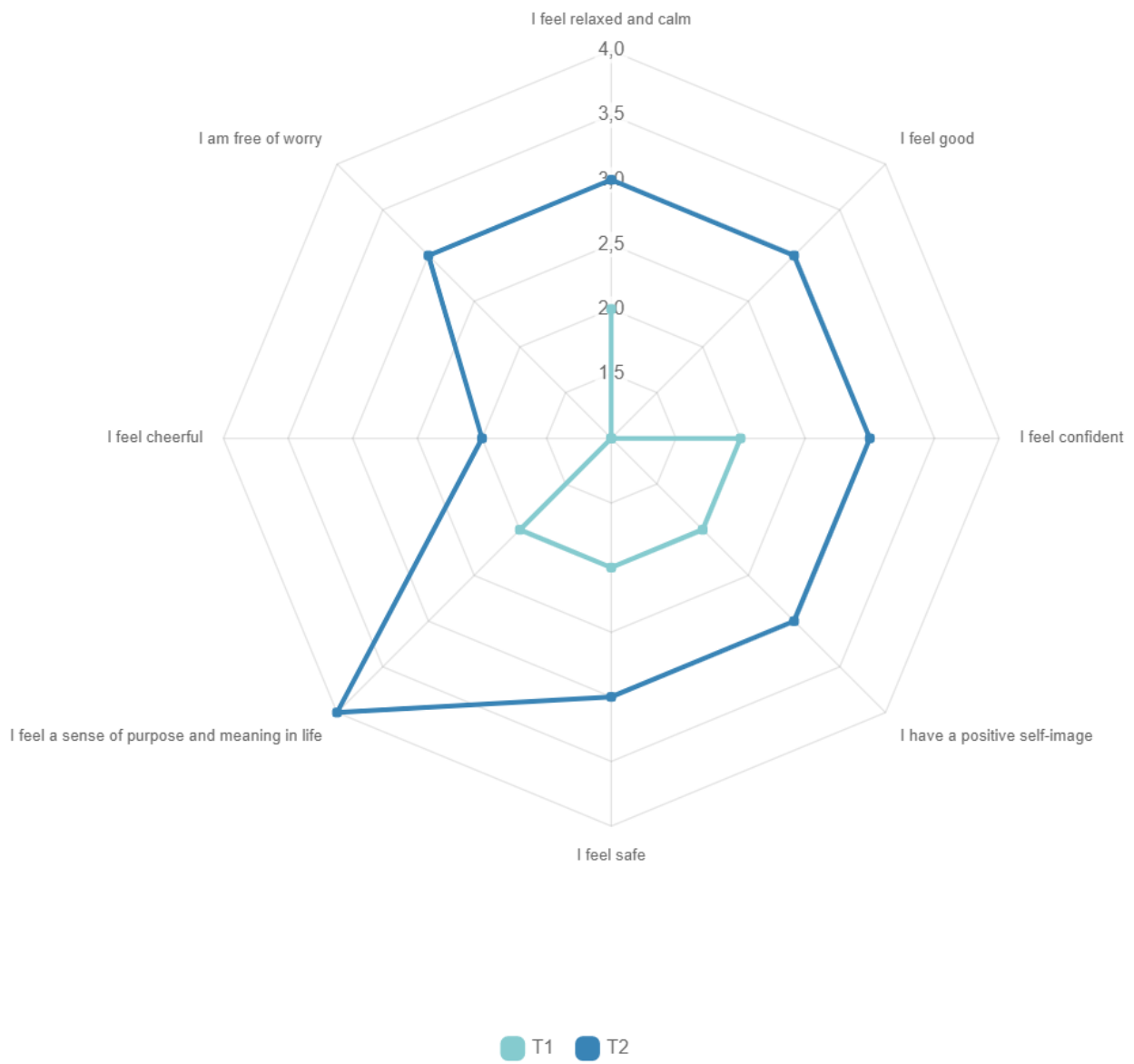
3.1. How many days



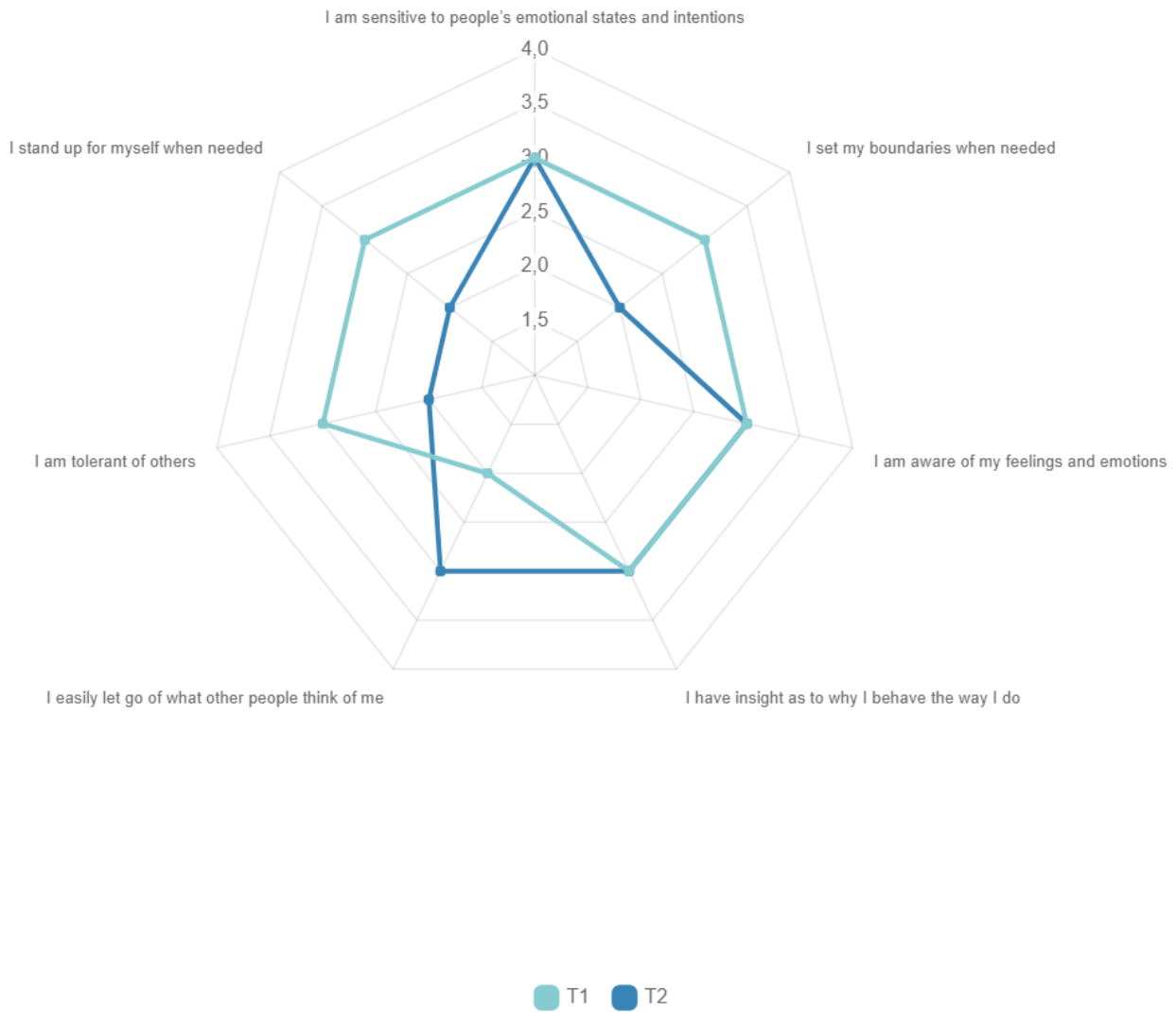
3.2. Level of discomfort



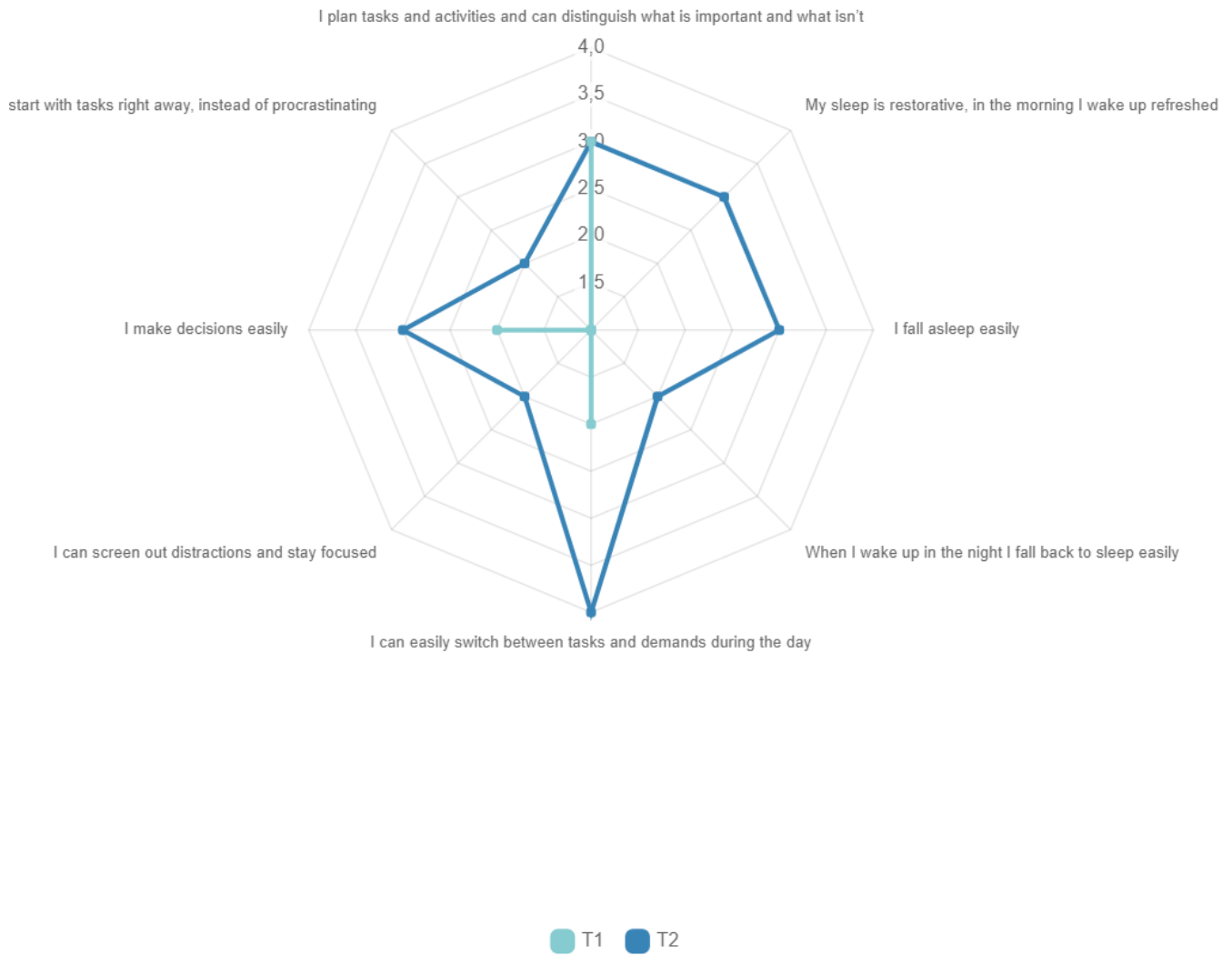
ME



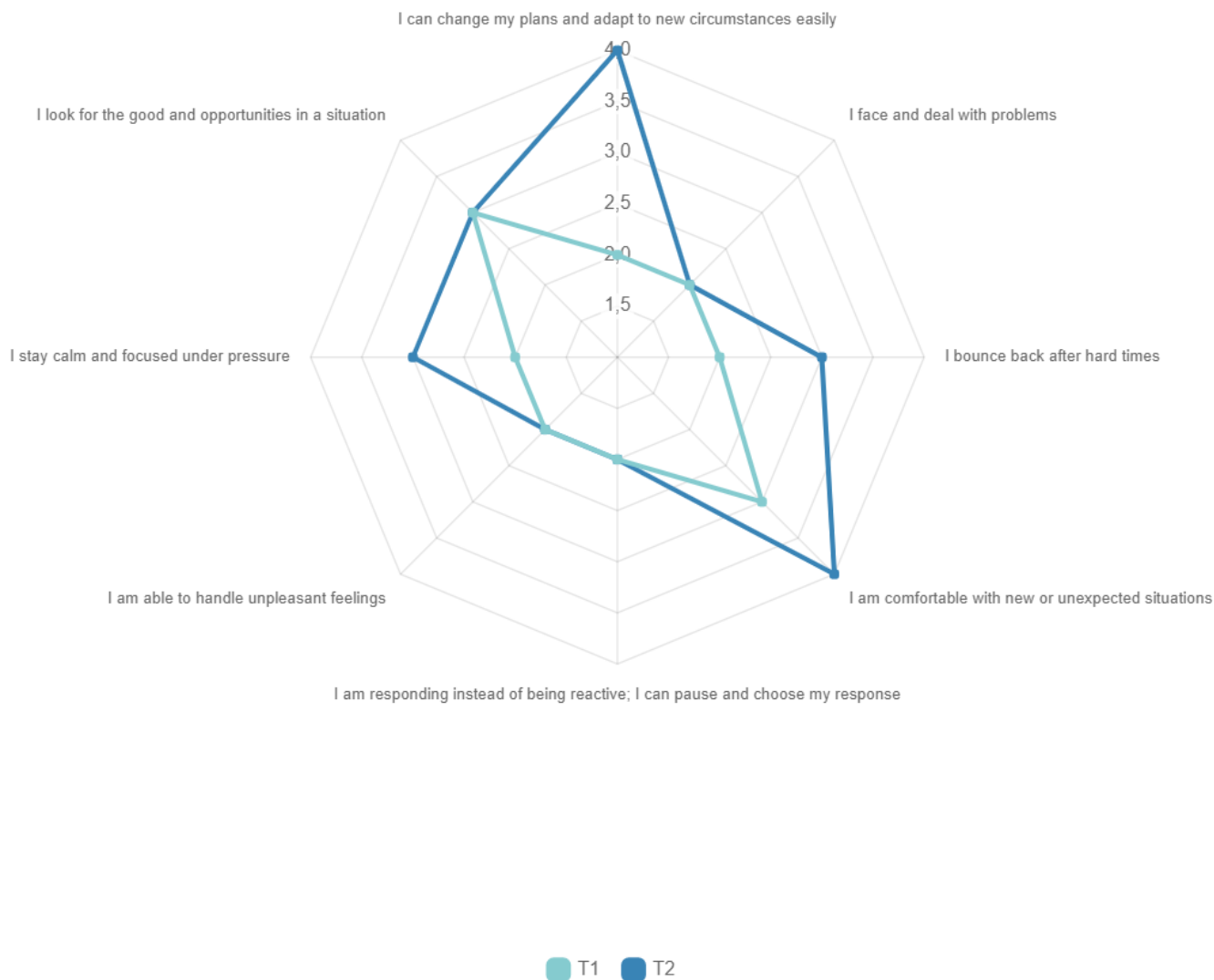
ME AND THE OTHER



ME AND THE DAY



ME AND THE CHALLENGE



Are you filling this survey out for yourself or someone else

Myself

About how many NeurOptimal® Sessions have you done since your first questionnaire?

20-25

How long ago was your last Session?

Less than a week ago

With what frequency did you do your Sessions?

2 Sessions per week

How quickly did you start noticing subtle changes in yourself or in your daily functioning?

During or after the first Session

After how many sessions did the changes and your improvement become clearer and stabilized in your daily life?

Within 15-20 sessions

Did you experience a worsening of your discomfort or symptoms after some sessions or during the training program?

No worsening at all

Did you notice improvements or development in this area?

Considerable

Did you in general notice relief of symptoms, discomforts and issues?

Considerable

How many days out of the past 30 days were you bothered or did you feel limited by this concern:

6

Keeping the last 30 days in mind, how would you rate the overall discomfort for this concern?

a bit of discomfort

I look for the good and opportunities in a situation

3

I feel relaxed and calm

3

I can change my plans and adapt to new circumstances easily

4

I am aware of my feelings and emotions

3

My sleep is restorative, in the morning I wake up refreshed

3

I set my boundaries when needed

2

I face and deal with problems

2

I feel good

3

I am sensitive to people's emotional states and intentions

3

I plan tasks and activities and can distinguish what is important and what isn't

3

I fall asleep easily

3

I feel confident

3

I am responding instead of being reactive; I can pause and choose my response

2

I have insight as to why I behave the way I do

3

I have a positive self-image

3

When I wake up in the night I fall back to sleep easily

2

I feel safe

3

I can screen out distractions and stay focused

2

I make decisions easily

3

I can easily switch between tasks and demands during the day

4

I am comfortable with new or unexpected situations

4

I stay calm and focused under pressure

3

I am tolerant of others

2

I bounce back after hard times and hardships

3

I feel a sense of purpose and meaning in life

4

I feel cheerful

2

I am able to handle unpleasant feelings such as pain, anger or sadness

2

I am free of worry

3

I start with tasks right away, instead of procrastinating

2

I easily let go of what other people think of me

3

I stand up for myself when needed

2

started consuming less sugar

didn't consume any before starting Training

started drinking less coffee or other caffeine drinks

didn't consume any before starting Training

started smoking less

didn't smoke before starting Training

started smoking less marijuana

didn't smoke any before starting Training

started drinking less alcohol

didn't consume any before starting Training

reduced your screen time (gaming, tv, social media)

yes, a little less

started adopting a more healthy lifestyle (e.g. diet/exercising)

yes, a lot more

gained more energy to do things

yes, a lot more

taken on new or long postponed chores or projects (e.g. in work, house renovation)

no

engaged in unexpected opportunities or interesting developments, like a new job, house, education or hobby

yes, describe in your own words...

Did your use of medication change during or after your Training with NeurOptimal®?

I did not take any medication before, during or after Training

Has anyone close to you - friends, family, coworkers - told you that you have changed, matured, or are otherwise different either during or after your NeurOptimal® Training?

Yes, they expressed that I've changed a lot

NeurOptimal® Training fulfilled my single most important wish or hope:

very much so

To what extent was your overall NeurOptimal® experience satisfying?

very satisfying

Results

4

Session experience

4

(Smoothness of) process of change

3

Costs

2

Effort involved

2

Location/setting

3

Relationship with provider

4

Please select a statement that best describes your situation.

I'm finished with NeurOptimal® Training. I don't plan to do any more Sessions

Please tell us why you choose not to do more Sessions. I do not plan on doing more Sessions in the future because:

I would like to continue but my finances do not allow for more Sessions

We're getting near the end. If you like you can add your own personal testimonial of your NeurOptimal® experience. Or a simple quote that describes your experience. Or ...

xx

At some point we may want to do a long term follow up survey. Could we then contact you to ask if you are willing to participate?

No, thank you

How many days out of the past 30 days were you bothered or did you feel limited by this concern:

4

Keeping the last 30 days in mind, how would you rate the overall discomfort for this concern?

quite some discomfort

How many days out of the past 30 days were you bothered or did you feel limited by this concern:

10

Keeping the last 30 days in mind, how would you rate the overall discomfort for this concern?

quite some discomfort

yes, describe in your own words:

xxx

become more accepting of "what is", even when things aren't (going) the way you want

yes, a lot more

felt that you are more (often) present or aware

yes, a lot more

Did you keep up this frequency until the end of your training period or did you gradually start training less often?

Overall I kept the same frequency until the end

How was overall your experience of the NeurOptimal® Session itself. You can choose more than one

Calming

Did you - at the beginning or during your NeurOptimal® Training - start doing another (therapeutic) intervention to help yourself? This includes other interventions your NeurOptimal® provider may be offering

No, I have not started (an)other intervention(s) during my NeurOptimal® Training