



Performance Health, P.A.
 10111 East 21st Suite #315
 Wichita, KS 67206
 (316)260-9005

SYMPTOMS CHECKLIST

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										
	0	1	2	3	4	5	6	7	8	9	10
HEADACHE	0	1	2	3	4	5	6	7	8	9	10
INSOMNIA	0	1	2	3	4	5	6	7	8	9	10
ANXIETY	0	1	2	3	4	5	6	7	8	9	10
PANIC	0	1	2	3	4	5	6	7	8	9	10
NO APPETITE	0	1	2	3	4	5	6	7	8	9	10
NIGHTMARES	0	1	2	3	4	5	6	7	8	9	10
SADNESS	0	1	2	3	4	5	6	7	8	9	10
INATTENTION	0	1	2	3	4	5	6	7	8	9	10
UPSET STOMACH	0	1	2	3	4	5	6	7	8	9	10
AGITATION	0	1	2	3	4	5	6	7	8	9	10
ON EDGE	0	1	2	3	4	5	6	7	8	9	10
IMPULSIVITY	0	1	2	3	4	5	6	7	8	9	10
MOOD SWINGS	0	1	2	3	4	5	6	7	8	9	10
ADDICTION URGES	0	1	2	3	4	5	6	7	8	9	10
DEPRESSION	0	1	2	3	4	5	6	7	8	9	10
HYPERVIGILANCE	0	1	2	3	4	5	6	7	8	9	10
IRRITABLE BOWEL	0	1	2	3	4	5	6	7	8	9	10
UNWANTED THOUGHTS	0	1	2	3	4	5	6	7	8	9	10
OVEREATING	0	1	2	3	4	5	6	7	8	9	10
EASILY STARTLED	0	1	2	3	4	5	6	7	8	9	10
OTHER:	0	1	2	3	4	5	6	7	8	9	10

Name: _____

Date: _____