

Brainicity™ E.L.F. Study Assessment Form

Full Name: _____ Sex (m or f) _____ Age _____

Street : _____ City _____ State _____ Zip _____

Phone () _____ Email: _____

Occupation _____

On a scale of 0-10, score your response where 0 is the lowest and 10 is the highest

Before Session 1, Date _____	Score
1. What was your internal level of anxiety before the Brainicity™ session 1?	
2. What was your ability to sleep the before the Brainicity™ session 1?	
3. What was your level of physical pain before the Brainicity™ session 1?	
4. What was your ability to cope with stressful situations before the Brainicity™ session 1?	
5. What was your ability to focus on tasks before the Brainicity™ session 1?	
After Session 1	Score
6. What was your internal level of anxiety after the Brainicity™ session 1?	
7. What was your level of physical pain after the Brainicity™ session 1?	
8. What was your ability to cope with stressful situations after the Brainicity™ session 1?	
9. What was your ability to focus on tasks after the Brainicity™ session 1?	
Before Session 2, Date _____	Score
10. What was your internal level of anxiety before the Brainicity™ session 2?	
11. What was your ability to sleep before the Brainicity™ session 2?	
12. What was your level of physical pain before the Brainicity™ session 2?	
13. What was your ability to cope with stressful situations before the Brainicity™ session 2?	
14. What was your ability to focus on tasks before the Brainicity™ session 2?	
After Session 2	Score
15. What was your internal level of anxiety after the Brainicity™ session 2?	
16. What was your ability to sleep after the Brainicity™ session 2?	
17. What was your level of physical pain after the Brainicity™ session 2?	
18. What was your ability to cope with stressful situations after the Brainicity™ session 2?	
19. What was your ability to focus on tasks after the Brainicity™ session 2?	