BARRY BRUDER Neurofeedback™

Barry Bruder Neurofeedback Observation Report ©

Complete approximately 24 hours after each session to reflect on changes in nervous system regulation.

CLIENT NAME		**DATE**	
SESSION #		**OBSERVER**	Time completed: _____

RATE EACH AREA BEFORE / AFTER ON A 0-10 SCALE (example: 4/9).

For favorable areas, 10 = best. For unfavorable areas, 10 = greatest difficulty.

"Before" = prior to the session. "After" = approximately 24 hours later.

ENERGY

Overall physical and mental energy

Before / After: ____ / ____ *10 = best*

Notes:

SLEEP

Ease of falling asleep, staying asleep, and feeling rested

Before / After: ____ / ____ *10 = best / most restorative*

Notes:

MENTAL CLARITY / FOCUS

Ability to concentrate, organize thoughts, and stay present

Before / After: ____ / ____ *10 = best*

Notes:

EMOTIONAL REACTIVITY

Intensity of emotional responses and difficulty staying regulated

Before / After: ____ / ____ *10 = greatest difficulty*

Notes:

RECOVERABILITY

Ability to return to baseline after stress, frustration, or overwhelm

Before / After: ____ / ____ *10 = best*

Notes:

DURATION OF POSITIVE CHANGES

How long positive changes were noticed after the session

Duration: _____

What changed?

ADDITIONAL OBSERVATIONS

Please add any other personal observations or meaningful changes you noticed:

1.
2.
3.
4.
5.

The safer people feel, the better they function.

Barry Bruder Neurofeedback

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