

QEEG Assessment Report

Client Name: Example Name

Client Number: 000000 Map Date: 01/01/2018

For this report, EEG was recorded from multiple locations across the scalp, digitally converted and analyzed and then presented in a format providing colored headmaps to indicate levels of deviation from mean reference scores. The dimensions of analysis are Magnitude, Dominant Frequency, Interhemispheric Connectivity, and Interhemispheric Asymmetry. These dimensions were chosen based on clinical relevance and correlation with psychometric and neurocognitive measures. The items chosen for analysis are derived from fMRI research and traditional neurological texts.

The mean reference scores utilized for this report are derived from analysis of both normative and non-normative neurometric databases and significance levels are based on clinical correlations with psychometric instruments. This neurometric system was developed exclusively for clinical purposes relating to the practice of neurofeedback and is not intended for clinical diagnosis.

The initial section of the report provides a simplified presentation for the client and shows a single headmap with the most deviant locations. In addition, sections providing "At A Glance" meters and an affiliated symptom list showing information on "Cognitive Efficiency" and associated features, CNS "Underarousal" and associated features, "Inhibited" behavior and associated features, and "Over Arousal" and associated features are displayed. The meters and dashboard lights reflect a probability weighting relating to the influence of each dimension of the individual and **do not represent feature severity**. Two columns of lights are associated with each feature, one column pertains to the level of client endorsement of an item on a questionnaire that relates to the feature and the other column pertains to the level of probability of the feature being present based on the map analysis alone. When both lights are activated, it suggests a correlation may be present between the item endorsed and the abnormal map feature. False positives and false negatives do occur and often indicate a more complex picture is present that require further analysis.

The next section is a more detailed section that operates in the same manner as the first section. In this section there are detailed head maps presented by dimension of analysis that display the commonly analyzed component bands of delta, theta, alpha, beta and high beta. All locations of the international 10-20 system are rated by colored indicators showing relatively typical ranges of EEG activity or activity levels that are approximately one or two standard deviations too high or too low with respect to the measured populations. It requires considerable training to read this section and it is intended for more detailed analysis by individuals trained in qEEG analysis and Neurofeedback. **It is not intended for client presentation.**

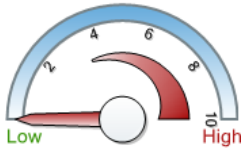
This same section includes a subcomponent analysis section that provides indicators of global significance levels of each component band broken down into small ranges that have demonstrated clinical relevance in the published peer reviewed literature on EEG. This analysis is based on general volume conduction to provide a general overview of spectral relationship between these subcomponent bands. In addition a midline analysis is provided to estimate the degree to which the individual's overall EEG magnitude deviates from a more normative range of operation. This helps to identify the sub population of clients who have very low EEG power that does not provide a useful contrast between component bands when viewed from this more normative range of analysis. The use of the "Magnitude Contrast" feature in the Magnitude section of the map will provide improved contrast for inspection.

The next section provides supplements that may be of assistance in supporting metabolic functions to enhance neurofeedback training. This analysis is based on how each map configuration correlates with different disorders and the supplements identified by peer review research to assist with that disorder. This is not meant to replace expert review of the client's condition by a qualified healthcare professional but is intended as a suggestive guide to other professionals to assist in their assessment process.

The final section provides protocol recommendations for the purpose of neurofeedback. A selection of two channel protocols is generated employing a unique "Bi-hemispheric Compensatory Targeting Method" of training. These protocols are derived from statistical analysis of the brain map and an expert rule system based on over 30 years of research and clinical experience. Protocols for AVE or photic stimulation that can be used in conjunction with the neurofeedback protocols are also displayed. In addition, location recommendations for Z score training are indicated.

Underarousal Detailed

Global Measures



Local Measures

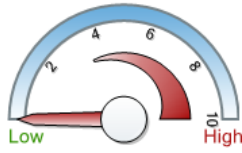
CEC	EEG	Symptom
●	●	Impulsive
●	●	Socially Inappropriate
●	●	Hyperactive
●	●	Easily Distracted
●	●	Excessive Speech
●	●	Disorganized
●	●	Hyper-emotional

Probability Legend

● Low ● Moderate ● High

Inhibited

Global Measures



Local Measures

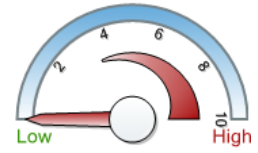
CEC	EEG	Symptom
●	●	Victim Mentality
●	●	Excessive Self-concern
●	●	Rumination
●	●	Anger
●	●	Self-Deprecation
●	●	Agitation
●	●	Irritability
●	●	Passive Aggressive

Probability Legend

● Low ● Moderate ● High

Overarousal

Global Measures



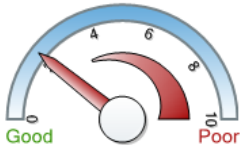
Local Measures

CEC	EEG	Symptom
●	●	Worry
●	●	Hyper-vigilant
●	●	Obsessive Thinking
●	●	Dislike of Change/Novelty
●	●	Excessive Rationalization
●	●	Restless
●	●	Poor Emotional Self-Awareness

Probability Legend

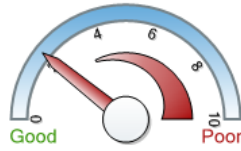
● Low ● Moderate ● High

Executive Processing



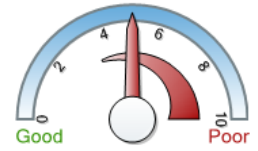
CEC	EEG	Symptom
●	●	Attention
●	●	Categorization
●	●	Decision Making
●	●	Filtering Difficulties
●	●	Motivation
●	●	Problem Solving
●	●	Socio-Emotional Decision Making

Memory Processing



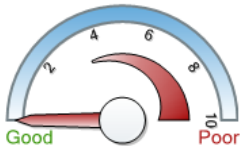
CEC	EEG	Symptom
●	●	Declarative
●	●	Episodic
●	●	Procedural
●	●	Sequential
●	●	Short Term
●	●	Short Term (Digit Span)
●	●	Working

Math Comprehension



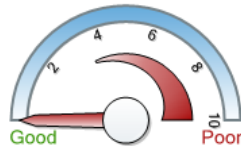
CEC	EEG	Symptom
●	●	Math Comprehension

Verbal Processing



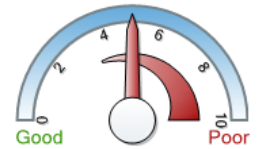
CEC	EEG	Symptom
●	●	Dialogue Organization
●	●	Short Term Verbal
●	●	Tonal Inflection and Comprehension Difficulties
●	●	Tone Sequencing
●	●	Verbal Sequencing

Visual Processing



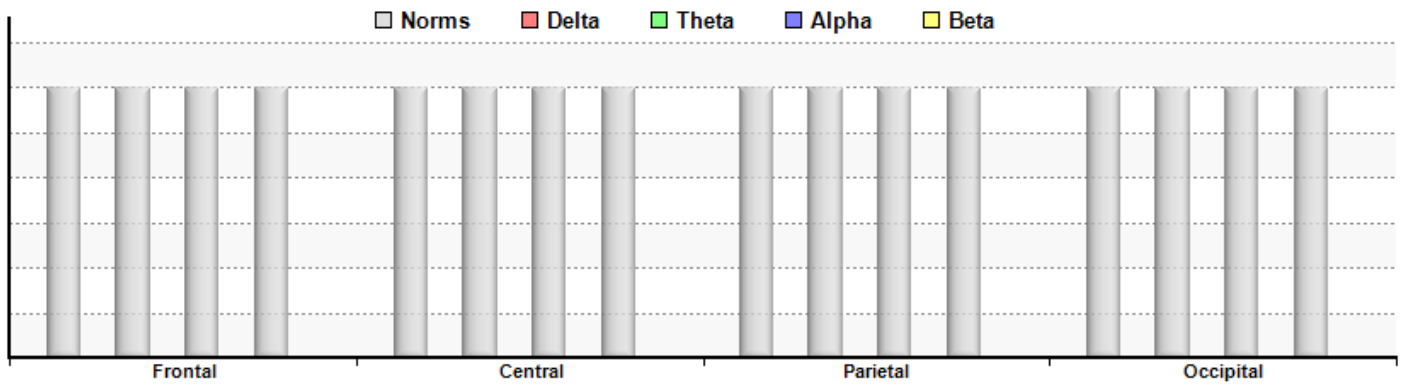
CEC	EEG	Symptom
●	●	Event Sequencing
●	●	Facial Decoding & Recognition
●	●	Figure Memory
●	●	Short Term Visual Memory
●	●	Spatial Sequence

Reading Comprehension

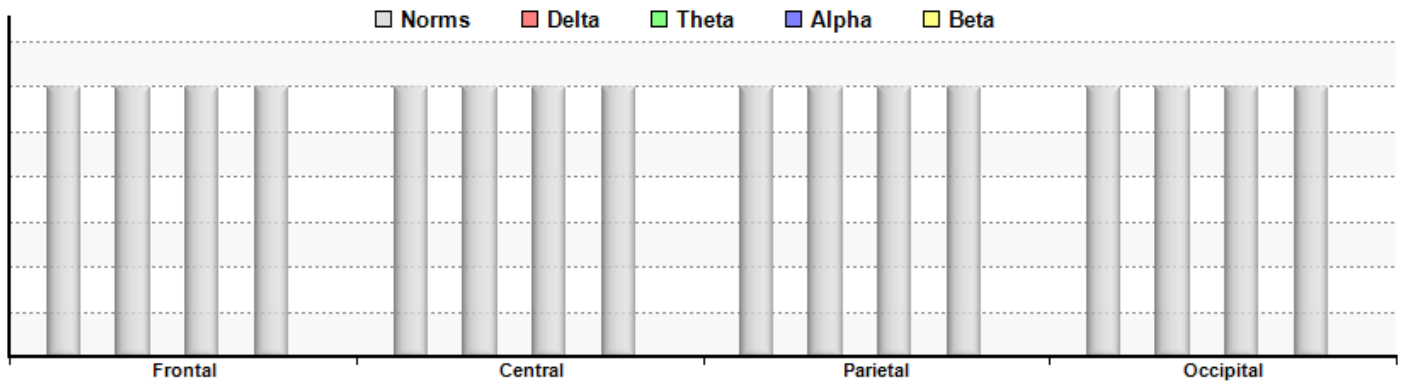


CEC	EEG	Symptom
●	●	Processing Speed
●	●	Reading Comprehension

Eyes Closed Midline Analysis

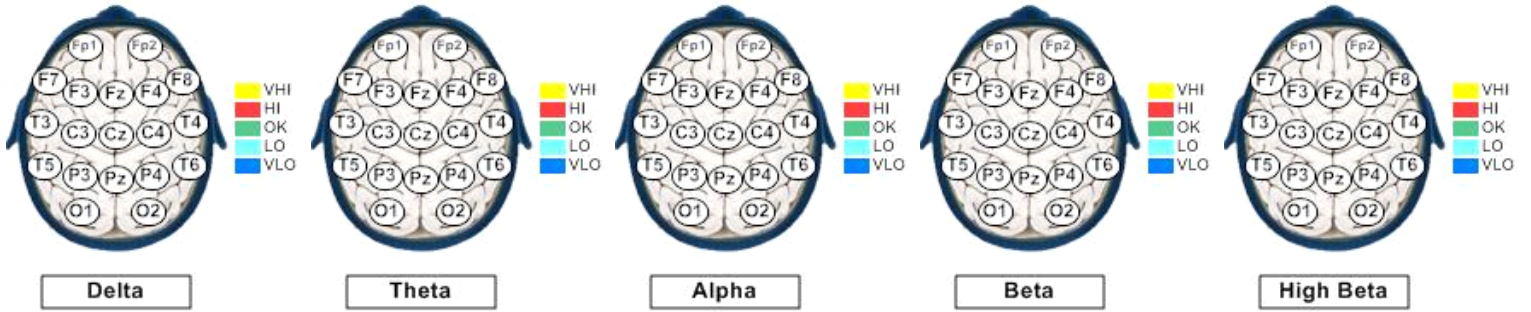


Eyes Open Midline Analysis

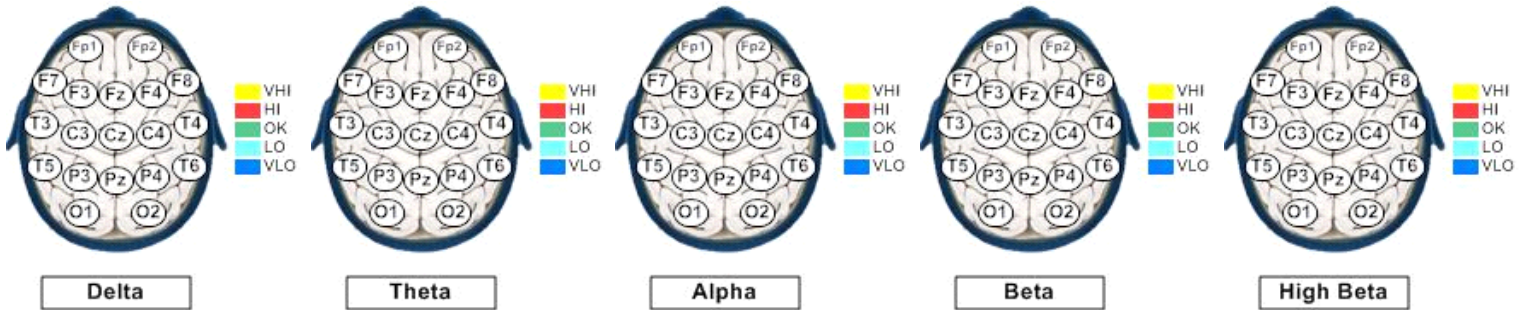


Eyes Closed Brain Maps

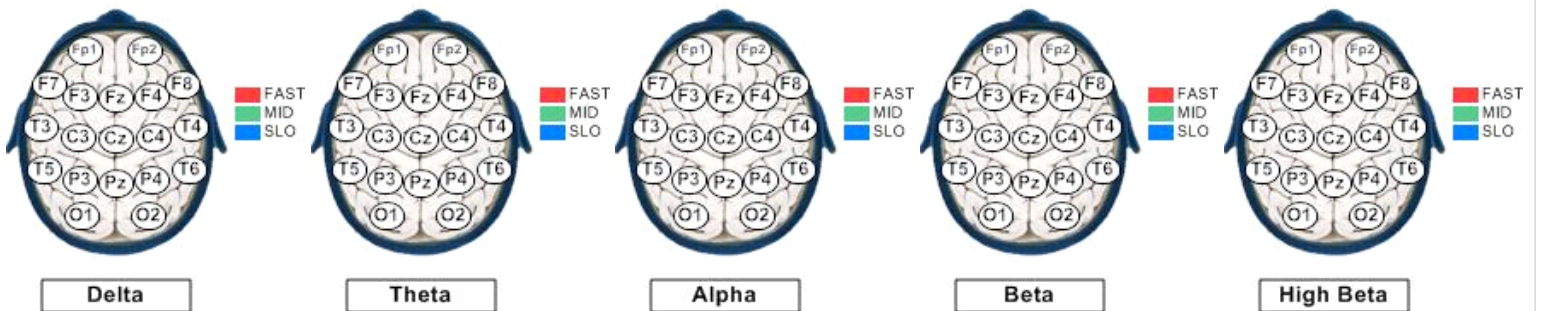
Relative Power



Absolute Power

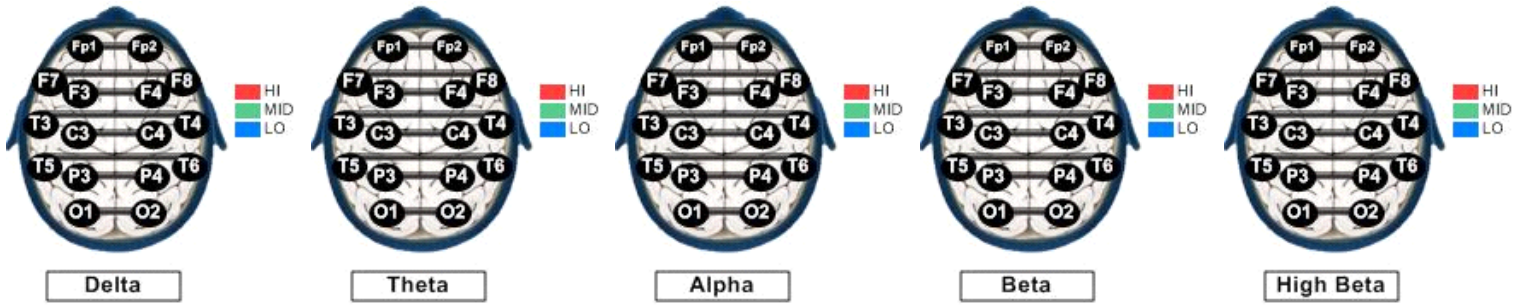


Dominant Frequency

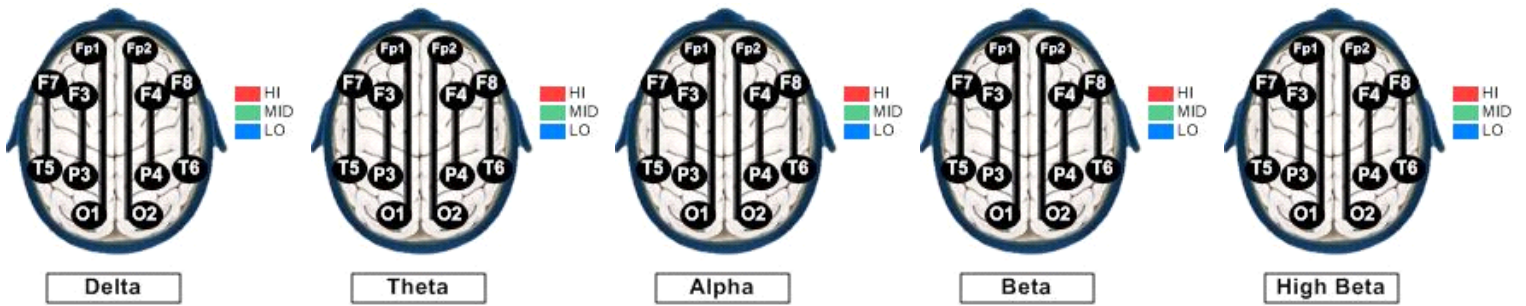


⚠ Check Physiology

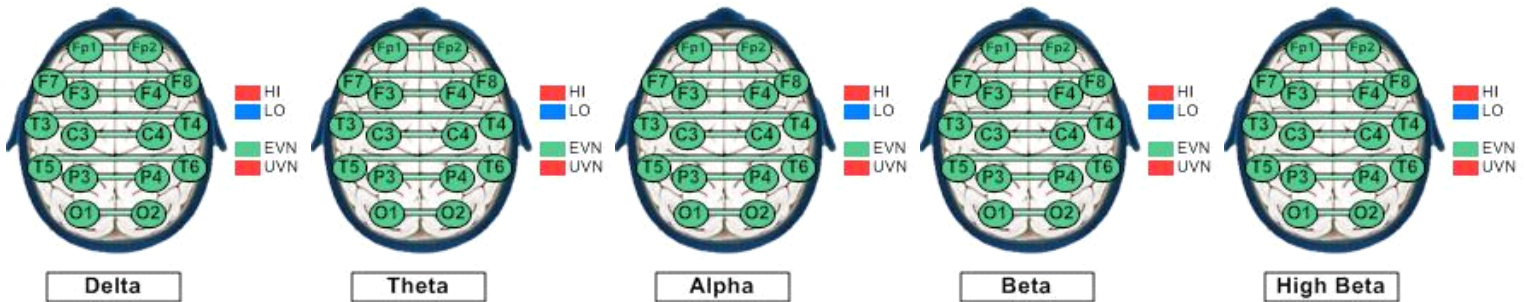
Inter-Connectivity



Intra-Connectivity

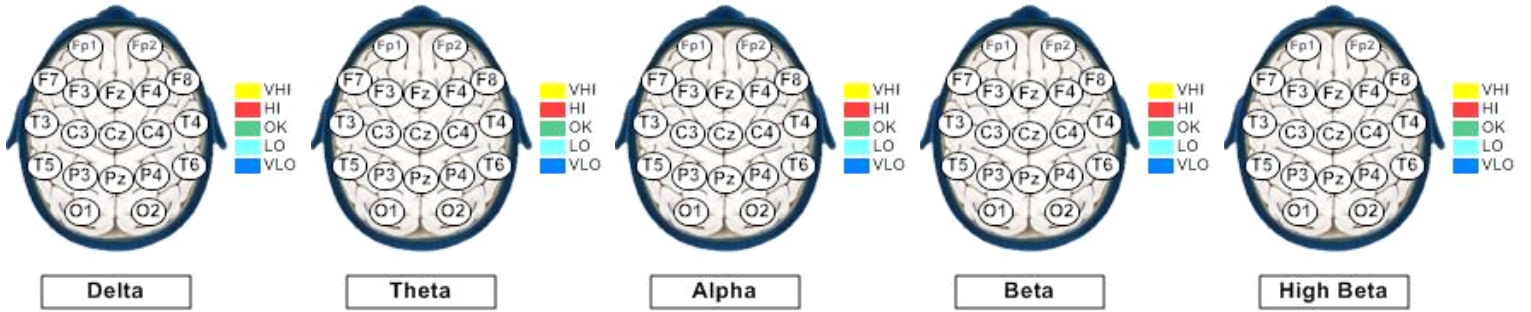


Asymmetry

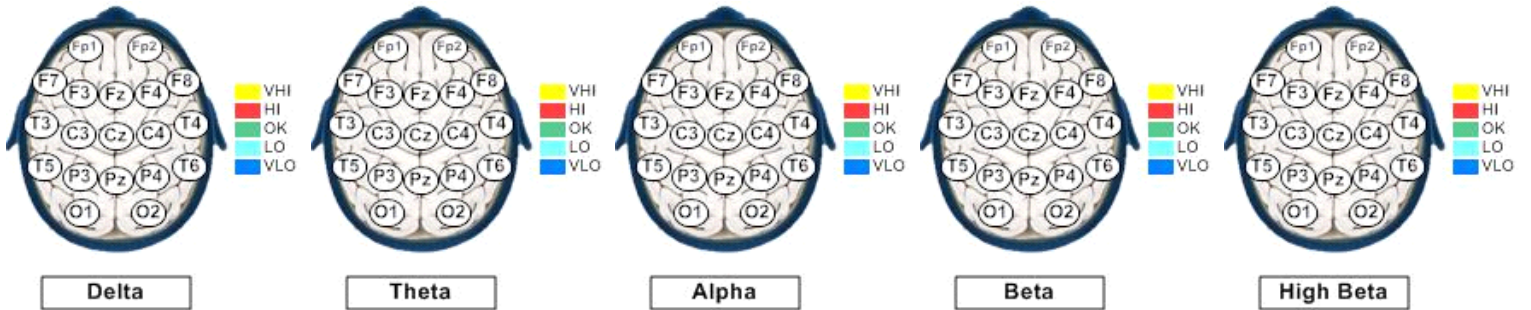


Eyes Open Brain Maps

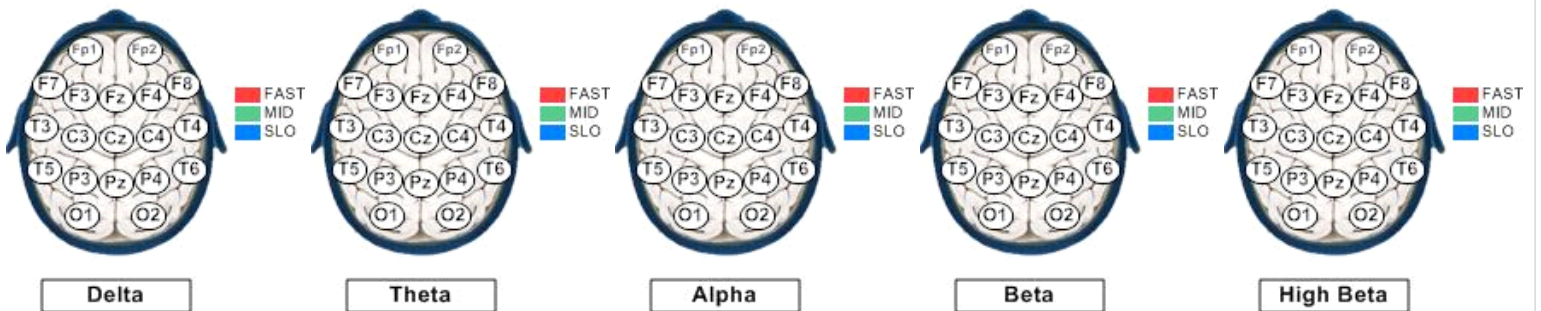
Relative Power



Absolute Power

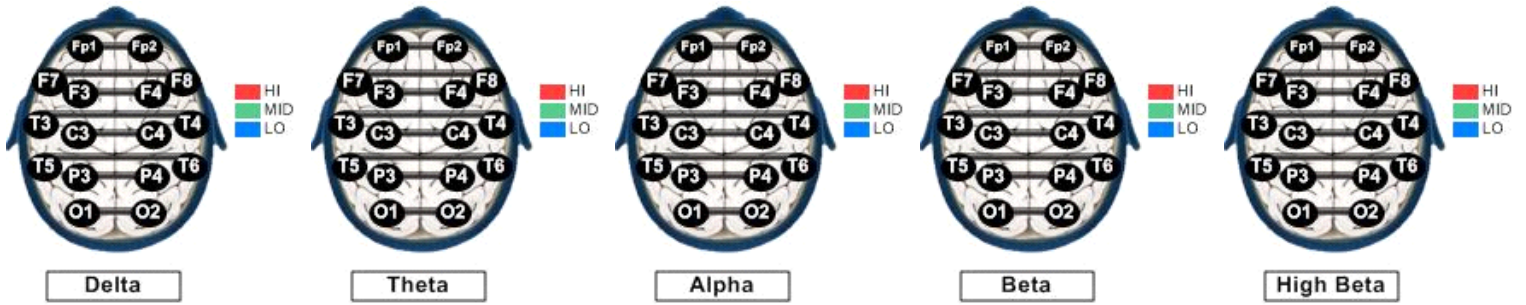


Dominant Frequency

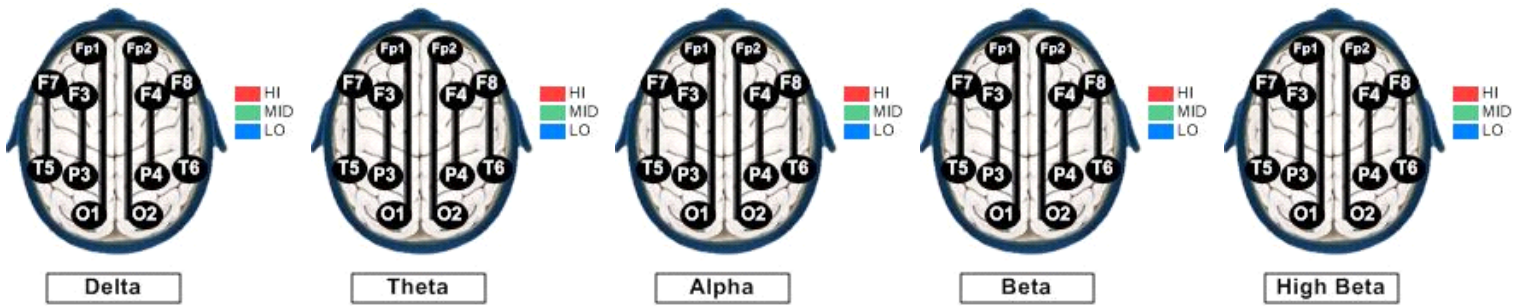


 Check Physiology

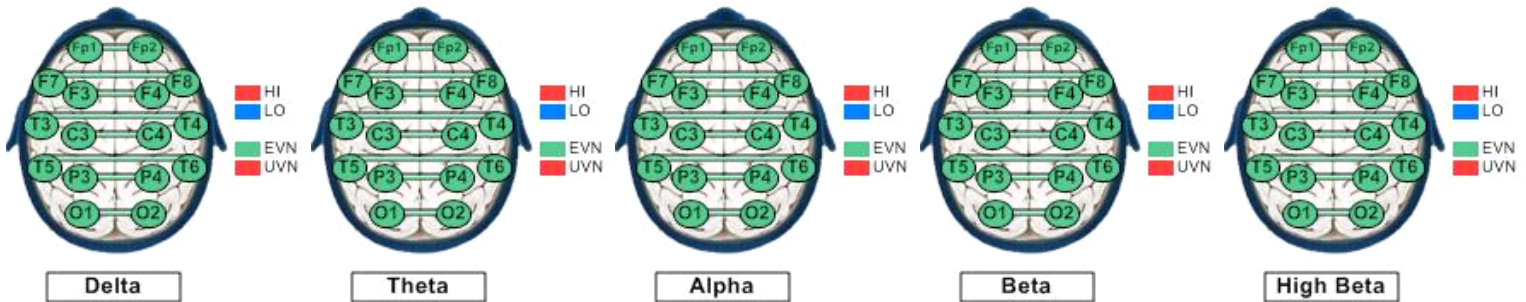
Inter-Connectivity



Intra-Connectivity



Asymmetry



Protocols from Eyes Open Brain Map

Two Channel Protocols - Based on Eyes Open Map

Z-Score Locations - Based on Eyes Open Map

Protocols from Eyes Closed Brain Map

Two Channel Protocols - Based on Eyes Closed Map

Z-Score Locations - Based on Eyes Closed Map

Protocol suggestions should not be considered as treatment or cure for any medical conditions.

Supplements Analysis

Suggested Supplements

Acetyl-L-carnatine

Adrenal Support

Calcium

Copper

DMAE

Magnesium

Multi-Vitamin

Omega-3s

Pantothenic Acid

Potassium

Theanine

Thiamine

Vitamin B1

Vitamin B12

Vitamin B6

Vitamin C

Vitamin E

Zinc