



Pre-scan Survey

Please answer a few preliminary questions.



Reason for Scan

Diagnosis

Scan Label



Daily Activities

State of mind

Sleep

Caffein

Alcohol

Nicotine

Psycho-activies

Medications



Device Connections



Headset Connections

Continue to Device Connections

Reason for scan

Let us know why you'd like to perform the scan.

Client name: Jane Doe
Client ID: 003-10554

Traumatic Brain Injury (x)

Concussion (x)

Mild cognitive impairment (x)

Diagnosis (optional) ⓘ

Input text



Scan Label (optional) ⓘ

Select option



Previous Question

Next Question





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Daily Activities

Let us know why you'd like to perform the scan.

Client name: Jane Doe

Client ID: 003-10554

How is your mood today?



Poor



Average



Very good

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Next Question





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Daily Activities

Let us know why you'd like to perform the scan.

Client name: Jane Doe

Client ID: 003-10554

How did you sleep last night?



Poor



Average



Very good

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Next Question





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Daily Activities

Client name: Jane Doe

Client ID: 003-10554

Let us know why you'd like to perform the scan.

How many caffeinated beverages did you have today?



None



Average



Extreme

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Next Question





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State of mind



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Daily Activities

Client name: Jane Doe

Client ID: 003-10554

Let us know why you'd like to perform the scan.

How many alcoholic beverages did you consume in the past 24 hours?



None

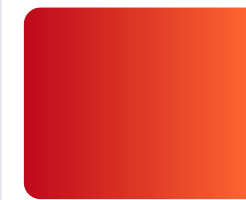


Average



Extreme

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Next Question





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Reason for Scan



Diagnosis



Scan Label



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State of mind



Sleep



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Continue to Device Connections

Daily Activities

Client name: Jane Doe

Client ID: 003-10554

Let us know why you'd like to perform the scan.

How much nicotine did you consume
in the past 24 hours?



None



Average



Extreme

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Next Question





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Daily Activities

Let us know why you'd like to perform the scan.

Client name: Jane Doe

Client ID: 003-10554

Have you used any psycho-actives in the past 24 hours? 

No

Yes

Prefer not to disclose

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Next Question





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Diagnosis



Scan Label



Daily Activities



State of mind



Sleep



Caffein



Alcohol



Nicotine



Psycho-activies

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Daily Activities

Client name: Jane Doe

Client ID: 003-10554

Let us know why you'd like to perform the scan.

Are you taking prescribed medication(s)? 

No

Yes

Prefer not to
disclose

What types of medication(s) are you currently taking?



Painkillers



Antidepression



Other/unknown:



Antianxiety



Sedatives



Antipsychotics



Sleeping Meds

Please specify (optional)

Medication

Is this normal?



Less than normal



Normal



More than normal

Previous Question

Summary





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State of mind



Sleep



Caffein



Alcohol



Nicotine



Psycho-activies



Medications



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Continue to Device Connections

Summary

Review your answers for accuracy.

Client name: Jane Doe
Client ID: 003-10554

Question	Response	Normalcy
Diagnosis	MCI, TBI	Normal
Scan Label	A3-15266	More than normal
State of mind	Very good	Normal
Sleep	Very good	Normal
Caffein	Average	Less than normal
Alcohol	None	Normal
Nicotine	Yes	More than normal
Psycho-actives	Yes	More than normal
Medications	Yes, Sedatives (1) Painkillers (2)	Normal

Download responses

Previous Question

