



## 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



Concussion



Mild cognitive impairment



Diagnosis (optional) ⓘ

Input text



Scan Label (optional) ⓘ

Select option



Previous Question

Next Question





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Scan Label



**Daily Activities**

**State of mind**

Sleep

Caffein

Alcohol

Nicotine

Psycho-activies

Medications



Device Connections



Headset Connections

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 is your mood today?



Very low

Low

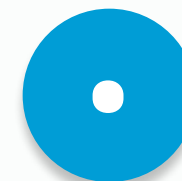
Good

Very good

Is this more, less, or the same as usual?



Less



Same



More

Previous Question

Next Question





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**Daily Activities**



State of mind

**Sleep**

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Headset Connections

Continue to Device Connections

## Daily Activities

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

Client name: Jane Doe

Client ID: 003-10554

How many hours didi you get last night?



<4

4-6

6-8

8+

Is this more, less, or the same as usual?



Less



Same



More

Previous Question

Next Question





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**Daily Activities**



State of mind



Sleep

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Headset Connections

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 many caffeinated beverages did you have today?



None

1-2

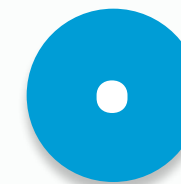
3-4

5+

Is this more, less, or the same as usual?



Less



Same



More

Previous Question

Next Question





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**Daily Activities**



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



None

1-2

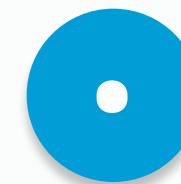
3-4

5+

Is this more, less, or the same as usual?



Less



Same



More

Previous Question

Next Question





## Pre-scan Survey

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Reason for Scan



Diagnosis



Scan Label



**Daily Activities**



State of mind



Sleep



Caffein



Alcohol

**Nicotine**

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Medications



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Headset Connections

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.

Have you smoked/vaped nicotine in  
the last 24 hours?

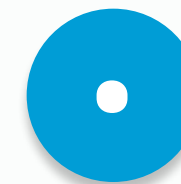
No

Yes

Is this more, less, or the same as usual?



Less



Same



More

Previous Question

Next Question





## Pre-scan Survey

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Reason for Scan



Diagnosis



Scan Label



**Daily Activities**



State of mind



Sleep



Caffein



Alcohol



Nicotine

**Psycho-activities**

Medications



Device Connections



Headset Connections

Continue to Device Connections

## Daily Activities

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

Client name: Jane Doe

Client ID: 003-10554

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

No

Yes

Prefer not to disclose

Is this more, less, or the same as usual?



Less



Same



More

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Next Question





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Nicotine



Psycho-activies

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Continue to Device Connections

## Daily Activities

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

Client name: Jane Doe

Client ID: 003-10554

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

**Please specify** (optional)



Antipsychotics



Sleeping Meds

Medication

Is this more, less, or the same as usual?



Less



Same



More

Previous Question

Summary







# Pre-scan Survey

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## Daily Activities



State of mind



Sleep



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Alcohol



Nicotine



Psycho-activies



Medications



# Device Connections



# Headset Connections

Continue to Device Connections

# Summary

Review your answers for accuracy.

Client name: Jane Doe  
Client ID: 003-10554

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

Download responses

Previous Question

