

Full Name _____ Age/ Sex _____ M / F _____ Record # _____

USER GUIDE FOR PRE-SET STAND-ALONE THERAPY

PROGRAM : CONCENTRATE

BELLABEE SET-UP INSTRUCTIONS:

1. Download the Bellabee app from Google Play or the Apple store.
2. Connect the Bellabee headband to your mobile device earphone jack.
3. Turn the mobile device volume setting to maximum.
4. Put the Bellabee band around your head as instructed.
5. Run the desired app program on the mobile device.

RELATED INFORMATION:

- You can improve concentration, learning and working memory, and reach peak performance and higher mental/executive functions using the “Concentrate” pre-set.
- People with concentration difficulties tend to have an overabundance of theta frequency (which is a “slowing” frequency) and lack the necessary beta (13 – 20 Hz) and high beta frequencies (20-30 Hz) which are faster frequencies.
- Bellabee’s pre-set Concentrate protocol emits 16Hz, 24Hz and 30Hz (beta and high beta) frequencies, with a “Leader” Dominant Brainwave Frequency of 30 Hz to help the brain maintain focus and concentration.

Brainwaves	Delta	Theta	Lo-Alpha	Hi-Alpha	(SMR)	Lo-Beta	Hi-Beta	Gamma
Normal Range	0.5-4 Hz	4-8 Hz	8-10 Hz	10-13 Hz	(13-15 Hz)	13-20 Hz	20-30 Hz	30 Hz & above

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DATA INPUT

CONCENTRATE/ PEAK PERFORMANCE

Reason for Use	
Baseline symptom rating	1 2 3 4 5 6 7 8 9 10 (1 = mild; 10 = severe)
Initial response seen	after _____ sessions
Improvement/end result	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

PROGRAM

PRE-SET/ STAND-ALONE

Pre-set protocol	Pre-set: 16Hz (5 min), 24Hz (5min), 30Hz (50min)
Brainwave disturbance in	Beta band
Brainwave abnormality seen	Decrease in Beta
Brainwave change required	Normalization of Beta
Dominant frequency (DBF)	30 Hz

SUGGESTED GUIDELINES

Average

(Range)

Duration for each session	60 min	(40-80 min)
Sessions per week	6	(2-14)
Initial response after	20-30 sessions	(2-60)
Total sessions required	30-50	(20-Unlimited)

[Further Information](#)

[About Brainwaves](#)

[For Therapy Providers/ Combination Therapy](#)

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RECORD SHEET

Session No.	Date mm/dd/yy	Week No.	Duration Min.	Symptom Decrease	Progress %	Remarks

(Print more sheets to cover additional sessions)

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