

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

USER GUIDE FOR PRE-SET STAND-ALONE THERAPY

PROGRAM : POST-TRAUMATIC STRESS DISORDER (PTSD)

BELLABEE SET-UP INSTRUCTIONS:

1. Download the Bellabee apps 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:

- This setting is supportive for Post-Traumatic Stress Disorder (PTSD).

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|--------------|----------|--------|----------|----------|------------|----------|----------|---------------|
| 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 | PTSD | | | | | | | | | | |
|----------------------------|-----------------------------|-----|-----|-----|-----|----------------|-----|-----|-----|-----|-------------------------|
| 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/ STANDALONE | | | | | | | | | | |
| Pre-set protocol | 8 Hz (30 min), 5Hz (30 min) | | | | | | | | | | |
| Brainwave disturbance in | Theta | | | | | | | | | | |
| Brainwave abnormality seen | Decreased Theta | | | | | | | | | | |
| Brainwave change required | Normalization of Theta | | | | | | | | | | |
| Dominant (DBF) Band | Theta frequency | | | | | | | | | | |
| SUGGESTED GUIDELINES | Average | | | | | (Range) | | | | | |
| Duration of 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 |
|-------------|---------------|----------|---------------|------------------|------------|---------|
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(Print more sheets to cover additional sessions)

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