



PASSTM Personal Athletic Stress Survey

Become a Champion In Any Sport Today

Today's Date: _____

Name: _____ D.O.B. ___/___/___

Address: _____ St. _____ Zip _____ Tel. _____

Purpose of Your Evaluation: _____ Sex: M / F

Health Information including past injuries, current health, etc. _____

Occupation: _____ Education to date: _____

Medications taking: _____ Ear infections: _____ Operations: _____

What question do you want answered regarding your sports performance: _____

Other: _____

Your answers are strictly confidential and essential for MyXperts to be able to give you a complete brain and emotional profile analysis.

Your PASS answers will be personally analyzed by MyXperts to determine recommendations, adjustments, corrections, changes, or modifications required for you to make life-changing results you are searching for.

Fees for receiving MyXperts life changing brain profile analysis and report depend on several factors.

The number of people to be profiled as a group, the level of sports participation, and length of programming desired to gain and maintain continued peak performance.

MyXperts recommend yearly or seasonal programs because of the changes you will experience and to assist you to match your performance desire for continued improvement to become a champion in any sport today.

Your Left and Right Brain Dominance Profile includes:

- **Right** = Right Ear, Eye, Hand, & Foot;
- **Left** = Left Ear, Eye, Hand, & Foot;
- **Both** = Activities done with either or both sides, Ear, Eye, Hand, Foot.

Simply **CIRCLE** your answers, as they will automatically come to you as your first impression.

1. First determine your Auditory and Visual Digit Span by using pages 7 through 14.
 - a. Auditory Digit Span _____
 - b. Visual Digit Span _____
2. Your Brain Dominance Profile: *Circle your answers below:*

| | | | |
|--|-------|------|------|
| What Ear do you use listening with a phone or turn you're head to listen to someone whispering? | Right | Left | Both |
| What Eye do you use when using a camera, look through a peephole, or you see with when winking? | Right | Left | Both |
| What Hand do you write, throw, or eat with? | Right | Left | Both |
| What Foot do you hop on, kick with, or step forward with? | Right | Left | Both |

3. Write your full name. _____ **Stop** at the end and look at the way you are holding your pen. How many fingers tips including your thumb tip are touching the pen as you write?
Circle your answer:
 - a. 0
 - b. 1 finger
 - c. 2 fingers
 - d. 3 fingers
4. Quick Exercises:
 - a. With each hand individually, touch your **thumbs** and **index fingers** together making a circle.
 - i. Use that position as 1 count 2, 3, 4, as you touch your thumb tip with your middle finger, ring finger and little finger tips individually, all fingers touching your thumb tip individually one finger at a time.
 - ii. Repeat this four times with both hands simultaneously.
 Example: 1,2,3,4,1,2,3,4,1,2,3,4,1,2,3,4 as you touch thumb to each finger.
 - iii. *Circle your answer:* Was this exercise...
 - a. Very hard
 - b. Somewhat difficult.
 - c. Able to do with concentration
 - d. Rather easy to do over and over
 - b. Skip in place and tap opposite knee with your hands eight times
 - i. *Circle your answer:* Was this exercise...
 - a. Very hard.
 - b. Somewhat difficult
 - c. Able to do with concentration
 - d. Rather easy to do over and over quickly
5. Quick Brain Exercises: Brain Balance
 - a. Stand and balance on one leg for 3 seconds with eyes **open**.
 - i. *Circle your answer:* **What leg** did you balance on?
 - a. Right
 - b. Left
 - ii. *Circle your answer:* How did you do in this exercise?

- a. Could not stand on one leg
 - b. Lost balance before 3 seconds
 - c. Somewhat difficult but stood on one leg for 3 seconds
 - d. Was easy to do
- b. If the previous exercise was done without losing balance, stand and balance on one leg again for 3 seconds with eyes **closed**.
- i. *Circle your answer: What leg* did you balance on?
 - a. Right
 - b. Left
 - ii. How was this exercise for you?
 - a. Had to open my eyes to catch my balance
 - b. Was very difficult to balance for three seconds and had to open eyes
 - c. Difficult, but could hold balance with eyes closed for 3 seconds
 - d. Could easily hold balance for three seconds with eyes closed

Your Brain Perception Profile

6. Picture a square, divide it into four squares, what color is it? Black/White/Other: _____

Your Sensation Brain Profile

7. Do you usually feel Hot or Cold? *Circle your answer:* Hot Cold
- a. Always
 - b. Often
 - c. Sometimes
 - d. Never
8. Are your eyes sensitive to sunlight without protection?
Circle your answer:
- a. Always
 - b. Often
 - c. Sometimes
 - d. Never
9. Are you sensitive to sound, noises, and certain voices?
Circle your answer: Yes No
- a. Always
 - b. Often
 - c. Sometimes
 - d. Never
10. How often are you sensitive to overwhelming feelings, like I can't handle this at this time and kind of shut down to the outside world temporarily?
- a. Always
 - b. Often
 - c. Sometimes
 - d. Never
11. Sleep pattern: How often do you have problems going to sleep or going back to sleep during the night?
- a. Always
 - b. Often
 - c. Sometimes
 - d. Never

Your Brain Biochemistry Profile

12. Do you wake-up in the morning rested?

- a. Always
- b. Often
- c. Sometimes
- d. Never

13. What is your usual Bedtime?

- a. 10:00 pm
- b. 11:00 pm
- c. 12:00 am
- d. Other _____

14. What are your average hours of sleep per night?

- a. 6 hours or less
- b. 7 hours
- c. 8 hours
- d. 9 hours or more

15. Do you get the hours of sleep you need most of the time?

Circle one: Yes No

16. Do you normally get the hours of sleep needed, but always seem to be tired?

Circle one: Yes No

17. How often do you get cravings for Caffeine (like coffee, soda, tea, alcohol, or sugar)?

- a. Always
- b. Often
- c. Sometimes
- d. Never

18. List any chemical dependencies like Caffeine, alcohol, sugar, or other: _____

Your Brain Emotional Profile:

19. How would you describe your daily temperament?

- a. Depressed
- b. Up and down depending on the my mood or situation
- c. Feel positive, happy most of the time
- d. Feel positive & happy all the time.

Circle all that apply:

20. Do you have any:

- a. Fears
- b. Obsessions
- c. Addictions
- d. Other: _____

21. Do you ever act out of your normal behavior?
- Often
 - Sometimes
 - Never
 - Other _____
22. Do you experience anger outbursts?
- Always
 - Often
 - Sometimes
 - Never
23. Do you experience repressed feelings?
- Crying
 - Sadness
 - Lost
 - Other: _____
24. What is your daily primary thought(s)? _____
25. What are your known stressors? _____
26. Which are you most like:
- Extrovert A type 1 (thrill seeker, occasionally or potentially life threatening behaviors)
 - Extrovert A type 2 (thrill seeker, but not life threatening behaviors)
 - Introvert B type (quite, shy, often likes to be alone)
27. Goals: _____
28. What sport would you like to excel in? _____
29. Are you **passive** in thinking first or **aggressive** in expressing your thoughts/feelings?
- Circle your answer*
- Passive
 - Aggressive
 - Don't know
30. How would you describe your education/academics?
- Circle all that apply*
- Never finished High School
 - School was difficult
 - Certain subjects I did well and other subjects I got lost or confused
 - School was easy
31. Were you given any learning diagnosis?
- None
 - ADHD
 - ADD
 - Other Learning disabilities: _____
 - Other Diagnosis _____
32. From birth have you had any of the following?
- Circle all that apply*
- Accidents

- b. Broken bones
- c. Concussions
- d. Other: _____

33. Do you dream?

Circle one:

- a. Always
- b. Often
- c. Sometimes
- d. Never

34. Do you remember most of your dreams in the morning when you wake up?

Circle one: Yes No Sometimes

35. Do you have repeating dreams?

Circle one: Yes No

If yes, what is the basic nature of those dreams? _____

36. Are you superstitious?

Circle one: Yes No

If yes, how superstitious are you?

- a. Not very
- b. Somewhat
- c. Only when I play sports
- d. Very

37. What question do you have that you would like answered by MyXperts?

The **auditory** and **visual** digit span is a well established phenomena in the research literature documenting short-term memory, which quickly and easily demonstrates how your brain receives, processes, stores and utilizes information to be used in your PASS brain profile performance program. This essential information is for MyXperts to write your brain profile program to **become** a Champion in **any** sport today.

Auditory Digit Span Test

Test requirements:

Two individuals are used one called the **Subject** to be tested and the other called the **Tester** who presents the test.

List of written random numbers from 0 to 11+. (See Auditory Digit card below.)

Test methodologies:

The **Subject** and **Tester** sit opposite each.

The **Tester** will say the number sequence out loud starting at the appropriate number sequence level for the **Subject**. The subject simply repeats back to the **Tester** the exact number sequence given.

The **Tester** uses a monotone voice with no reflections, speaking clearly and slowly at a steady rate of approximately one number each second for the entire number sequence given.

The **Tester** will determine the starting number sequence level. For example: A 3 year old you would start at number 1. A grade school student you would start at 3. A high school student you would start at 5. A college student you would start at 7. If the Subject cannot repeat the starting sequence, then start at one level lower until they can repeat in sequence the numbers given.

The **Tester** will note on each number sequence given to the **Subject** if the all numbers are repeated in sequence back to the Tester.

Once the **Subject** has repeated a number sequence correctly, the **Tester** continues to the higher number sequence to the **Subject** until a number sequence is missed.

The **Tester** stops the test.

The **Tester** gives the **Subject** The Auditory Digit Span number sequence that the Subject repeated back correctly.

The Auditory Digit Span number given to the **Subject** is the total number of all numbers added together.

An example is if the Subject repeated in perfect order 7 numbers but then could not repeat in proper order the 8th number sequence correctly.

The **Subjects Auditory Digit Span would be 7.**

Note: The subjects do not see the Auditory or Digit Span numbers before the test. The test is not to be repeated over and over again. That is memorization and not the purpose of the test.

Visual Digit Span Test

Test requirements:

Two individuals are used one called the **Subject** to be tested and the other called **Tester** who presents the test.

Flash cards or the list attached herein of written random numbers from 0 to 11+.

Test methodologies:

The **Subject** and **Tester** sit opposite each.

The **Tester** starts the test at the appropriate number sequence level for the **Subject**. **Tester** will flash the number sequence card for the **Subject** to view for approximately 3 seconds. The **Tester** then looks at the card number sequence while the **Subject** simply repeats back to the **Tester** to make sure the **Subject** repeated the exact number sequence shown on the card.

The **Tester** will determine the starting number sequence level. For example a 3 year old you would start at flash card number 1. A grade school student you would start at 3. A high school student you would start at 5. A college student you would start at 7. If the Subject cannot repeat the starting sequence, then start at one level lower until they can repeat the exact number card sequence in perfect order as shown.

The **Tester** will note on each number sequence shown on the number card to the **Subject** if the all numbers are repeated in sequence back to the **Tester**.

Once the **Subject** has repeated a number sequence correctly, the **Tester** continues to the higher number card sequence to the **Subject** until a number sequence is missed.

The **Tester** stops the test.

The **Tester** gives the **Subject** The Visual Digit Span number sequence card that the **Subject** repeated back correctly.

The Visual Digit Span number sequence shown to the **Subject** is the total number of all numbers added together.

An example is the Subject repeated in perfect order the 7 number sequence card but then could not repeat in proper order the 8 number sequence card correctly.

The Subjects Visual Digit Span would be 7.

Visual Digit Span Cards

1

2 1

1 3 2

7 4 1 3

9 4 1 3 2

0 3 5 1 4 2

7 5 2 6 1 3 4

1 7 5 3 4 2 0 9

6 2 8 0 5 7 6 3 4 1

7 5 9 1 3 8 2 6 4 0

2 1 1 7 6 3 8 1 0 9 4

7 4 3 1 8 0 2 1 1 6 1 0 9 5

Auditory Digit Span Card

1

2 1

3 1 2

1 3 2 4

2 4 3 1 5

6 1 5 3 4 2

5 3 7 0 6 2 4

3 7 5 0 2 6 4 8

8 1 5 3 7 2 6 0 9

7 5 1 8 3 9 2 0 6 4

6 3 7 1 9 2 5 10 4 0 8

11 4 7 2 0 1 8 3 10 5 9 6

Print, Fold and Cutting Instructions:

After printing.

Fold pages 9, 10, 11 & 12 with the number sequences from 1 to 11 into thirds like folding a piece of paper to put inside an envelope.

The three fold sheets are then folded to opposite direction in half.

Unfold back to three fold.

Cut the three fold in the center where you made the half fold crease.

Open each three fold and cut into thirds along the folded lines.

You will now have 12 pieces of paper used for the Visual Digit Span Test and one sheet with the 1 to 11 number sequences on one sheet used for the Auditory Digit Span Test

With your instructions from page 7 & 8 you are now ready to start with question #1 on your PASS to determine your auditory and visual digit span scores.