



# Vagal Tone Assessment Form for Day 1

## Physical

Age: \_\_\_\_\_ BP: \_\_\_\_\_ HR: \_\_\_\_\_

Energy Level out of 10 ( 10 being Very stressed and 1 being Minimal stress ) \_\_\_\_ / 10

Do you have Forward Head Posture? Y\_\_N\_\_

Are you overweight by 20 lbs or more? Y\_\_N\_\_

Are you physically active for more than 30 minutes at least 3 times a week or more? Y\_\_N\_\_

Do you take any dietary supplements? Y\_\_N\_\_ If Yes to the last question, please list the supplements you take:

\_\_\_\_\_

Average quality of sleep over the last week: 1 is poor quality and 5 is great quality: 1 2 3 4 5

Please list any physical health conditions you are diagnosed with:

\_\_\_\_\_

Please list any surgeries you have experienced:

\_\_\_\_\_

Have you experienced physical trauma? \_\_Y\_\_N\_\_ If Yes to this question please list the trauma experience(s):

\_\_\_\_\_

\_\_\_\_\_

Hoarse Voice? Y\_\_N\_\_ Troubles Swallowing? Y\_\_N\_\_ Tinnitus? Y\_\_N\_\_

TMJ Concerns Y\_\_N\_\_ Bladder leakage or Incontinence? Y\_\_N\_\_

Sexual Dysfunction? Y\_\_N\_\_ Leaky Gut Y\_\_N\_\_ Inflammation Present? Y\_\_N\_\_

Respiratory Concerns Y\_\_N\_\_

Cardiovascular Concerns Y\_\_N\_\_

## Mental

Where is your stress level right now: 1 is low stress and 5 is very stressful      1   2   3   4   5

Where is your energy Level right now: 1 is low energy and 5 is full of energy      1   2   3   4   5

Do you participate in any activities to support your mental health and wellbeing?    Y\_\_\_N\_\_\_

If Yes to the above question, please list the activity (s):

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Do you feel supported in your life with?    Y\_\_\_N\_\_\_      If Yes to this question, who supports you regularly?

Family    Spouse/Partner    Friends    Co-Workers    Counsellor    Team    Group

Other: \_\_\_\_\_

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Please list any mental health conditions you are diagnosed with:

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Have you experienced mental trauma?    Y\_\_\_N\_\_\_    If Yes to this question please list the trauma experience(s):

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## **Vagal Tone Assessment Day 2**

BP: \_\_\_\_\_      HR: \_\_\_\_\_

Where is your stress level right now: 1 is low stress and 5 is very stressful      1   2   3   4   5

Where is your energy Level right now: 1 is low energy and 5 is full of energy      1   2   3   4   5

How would you describe your sleep last night?

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How did you wake up this morning? Alert, sleepy, groggy,...

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Have you noticed any shifts or changes in any signs and / or symptoms from yesterday? Y \_\_\_ N \_\_\_

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Are there any other physical, mental or emotional shifts / changes in your being that you noticed after Day 1 assessments and treatments in class?

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