



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):

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: _____

Please list any mental health conditions you are diagnosed with:

Have you experienced mental trauma? Y___N___ If Yes to this question please list the trauma experience(s):

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?





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

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

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

