

Vagal Tone & Stress Resilience Tracker

Client Name: _____ Date: _____

Section 1: Baseline Vagal Tone Assessment

Complete this section with your practitioner during your initial session to establish your starting point.

The Gargle Test: Gargle with a full glass of water. Note how long you can vigorously gargle before needing to swallow or before your eyes begin to water (a sign of vagal activation). * [] **Strong:** 30+ seconds / Eyes watering quickly. * [] **Moderate:** 15–20 seconds / Minimal tearing. * [] **Low:** <10 seconds / Difficult to sustain / No tearing.

HPA-Axis Self-Check (Circle the profile that best fits your current state): * **Phase 1 (Acute):** Anxiety, "Wired," racing thoughts, difficulty falling asleep. * **Phase 2 (Resistance):** "Wired but Tired," mid-day sugar cravings, stubborn belly fat. * **Phase 3 (Exhaustion):** Burnout, apathy, chronic fatigue, low morning energy.

Section 2: Daily Vagus Nerve Stimulation (VNS) Protocol

Aim to complete at least two VNS techniques daily. Check the box when completed.

Day	VNS Technique 1 (e.g., Cold Splash, Gargle, Sing)	VNS Technique 2 (e.g., Box Breathing, Grounding)	HRV Score (If using wearable)	Stress Level (1- 10)
Mon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
Tue	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
Wed	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
Thu	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
Fri	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
Sat	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____
Sun	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____	_____

Section 3: Psychosocial Toxin Audit

Review your week. Identify any "Invisible Toxins" that drained your resilience.

1. **Information Overload:** Did you engage in "doom-scrolling" or excessive screen time? ☐ Yes ☐ No
 2. **Relational Drain:** Did a specific interaction leave you feeling depleted? _____
 3. **Sense of Purpose:** Did you engage in one activity this week that felt meaningful?

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Section 4: Reflection & Scoring

Weekly VNS Consistency Score (Total Checkboxes / 14): ____ / 14

Practitioner Observations: *Note trends in HRV vs. Stress levels. Is the client moving from "Wired" to "Balanced"?*

Next Steps: * ☐ Increase Gargle duration by 5 seconds daily. * ☐ Implement 5-minute Box Breathing (Inhale 4, Hold 4, Exhale 8) before largest meal. * ☐ Add 30-second cold water finish to morning shower.

AccrediPro Standards Institute Certified Tool | Stress Modulation & Vagal Tone Lesson 3.5
