

Metabolic Resilience & Hormesis Tracker

Client Name: _____ Date: ____ Practitioner: _____ Goal: Build a "Metabolic Buffer"

Section 1: Baseline Resilience Assessment

Rate your current response to physiological stressors (1 = Poor/Fragile, 5 = Excellent/Resilient)

- 1. **Glucose Stability:** How do you feel 2 hours after a high-carb meal? (Crashing vs. Stable) 1 2 3 4 5
- 2. **Sleep Rebound:** How is your energy/mood after one night of poor sleep? 1 2 3 4 5
- 3. **Exercise Recovery:** How quickly do you bounce back from a vigorous workout? 1 2 3 4 5
- 4. **Temperature Tolerance:** How well do you handle being very hot or very cold? 1 2 3 4 5
- 5. **Appetite Flexibility:** Can you skip a meal without getting "hangry" or shaky? 1 2 3 4 5

Total Baseline Score: ____ / 25

Section 2: The Hormetic Protocol (The "Sweet Spot")

Work with your practitioner to define your personalized "Minimum Effective Dose" for eustress.

Hormetic Stressor	Weekly Goal (Frequency)	Target Intensity/Duration
Heat (Sauna/Hot Bath)	_____ sessions	_ mins @ ____ degrees
Cold (Shower/Plunge)	_____ sessions	_____ mins (aim for "shiver" response)
HIIT (Vigorous Movement)	_____ sessions	_____ mins (sprints/bursts)
Resistance Training	_____ sessions	Focus: Compound movements (Muscle mass)

Hormetic Stressor	Weekly Goal (Frequency)	Target Intensity/Duration
Fasting Window	_____ days/week	_____ hours (e.g., 14:10 or 16:8)

Section 3: Weekly Progress Tracker

Check the box when completed and note your "Recovery Feeling" (Energized, Tired, or Exhausted).

Day	Stressor 1 (Type/Time)	Stressor 2 (Type/Time)	Notes (Recovery/Mood/Energy)
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 4: Reflection & "Biological Callousing"

1. **Weekly Win:** What felt easier this week compared to last week?

2. **The "Burn" Check:** Did any stressor leave you feeling "wiped out" for more than 24 hours? (If yes, we need to lower the dose).

3. **Metabolic Buffer Observation:** Did you notice a change in your response to a "stressful" event (e.g., a poor night's sleep, a large meal, or a busy workday)?

Practitioner Next Steps:

- [] Increase/Decrease cold exposure duration by ____ mins.

- [] Adjust fasting window (Note: Monitor HPA axis/cortisol for female clients).
- [] Focus on increasing load in resistance training to support "Metabolic Insurance."

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