

SOMATIC TRACKING TOOL

A Daily Practice for Listening to Your Body

The Transcend Stigma Project

Name: _____

Clinician: _____

Start Date: _____ End Date: _____

How to Use This Tool

Your body is not your enemy. It is an information system, one that has been keeping track of your experiences, your histories, and your safety long before you had words for any of it.

This somatic tracking tool is an invitation to build a new kind of relationship with that system: curious, patient, and non-judgmental. You are not trying to fix your body or manage it into silence. You are learning to listen.

What this tool includes:

Polyvagal Quick Reference — understanding your nervous system states
Sensation Vocabulary Reference — language for what you feel in your body
Daily Check-In Forms — seven-section daily tracking pages (2 weeks included)
Weekly Reflection Pages — pattern-finding and session prep

When to Use the Daily Check-In

There is no single 'right' time. Some options:

- Morning — set the baseline before the day begins
- After a triggering event — while it is still fresh in your body
- Before a therapy session — to bring concrete data to the conversation
- At a transition point — end of work, before bed, after a difficult interaction
- Any time you notice a strong sensation and want to slow down and name it

A Note on Interoceptive Awareness

Interoception, the ability to sense what's happening inside your body is not equally developed in everyone. Trauma, neurodivergence, chronic pain, dissociation, and systemic experiences of having your body controlled or violated can all affect how clearly you can read your internal signals.

If you find this difficult or distressing, that is important information to bring to your clinician. You are not 'bad at this.' You are working with a nervous system that learned certain things for very good reasons.

Start small. One region. One word. One moment.

That is enough.

Polyvagal Quick Reference

Understanding Your Nervous System

Polyvagal theory, developed by Dr. Stephen Porges, describes three primary states of the autonomic nervous system. These are not choices, they are automatic responses shaped by your history, your environment, and what your nervous system has learned to do with threat.

The goal of this tracking tool is not to stay in the ventral vagal 100% of the time. It is to build a relationship with all your states, to know what each one feels like, what tends to trigger each, and what helps you find your way back to the window of tolerance.

STATE	FEELING	BODY SENSATIONS (examples)
VENTRAL VAGAL	Safe & Connected	<i>Open, spacious, grounded, curious, warm, settled, present</i>
SYMPATHETIC	Fight / Flight	<i>Tight, braced, electric, heart pounding, jaw clenched, restless, urgent</i>
DORSAL VAGAL	Shutdown / Freeze	<i>Heavy, numb, collapsed, foggy, disconnected, hollow, far away</i>

The Window of Tolerance

HYPERAROUSAL (too much)

Flooded, overwhelmed, panicking, can't think clearly, rage, intrusive images

WINDOW OF TOLERANCE ← THIS IS THE GOAL

You can feel and think at the same time. Present, curious, connected, able to process experience. Challenges arise here AND you can work with them.

HYPOAROUSAL (too little)

Shut down, numb, dissociated, foggy, collapsed, can't feel or think clearly

My Personal Regulation Menu

Use this section to build your own go-to list. Write in whatever works for you, even if it's small, unconventional, or hard to explain.

WHEN I'M HYPERAROUSSED(too activated)	WHEN I'M IN MY WINDOW(staying here)	WHEN I'M HYPOAROUSSED(too collapsed)

Sensation Vocabulary Reference

A Language for the Body

Many of us were never taught to describe what we feel in our bodies, only our thoughts and emotions. This vocabulary list is a starting point, not a definitive list. Add your own words as you discover them.

TENSION / ACTIVATION	COLLAPSE / WITHDRAWAL	REGULATION / EASE
Tight Braced Clenched Buzzing Electric Racing Pounding Pulsing Burning Shaky Trembling Gripping Coiled Hard Hot	Heavy Numb Hollow Empty Sinking Collapsed Foggy Fuzzy Leaden Distant Frozen Dull Dead Flat Cold	Open Spacious Warm Soft Expanding Settled Grounded Flowing Light Releasing Steady Tingling Alive Rooted Ease

My Own Words

Add sensation words that feel true for you, your own metaphors, cultural expressions, or body language:

What Makes It Harder to Feel the Body

For some people, especially those with trauma histories, neurodivergent brains, chronic pain, or disconnection from their body due to oppression, interoceptive awareness can be challenging, confusing, or even distressing. This is completely valid.

If tracking your body feels difficult, that is data, not failure.

You might try: noticing just one region at a time • starting with neutral or pleasant sensations • using temperature or pressure rather than emotion-linked sensations • asking 'what is the most neutral part of my body right now?'

Body Map Reference

Regions to Track

Use the map below as a reference when completing your daily check-in. There is no right way to experience sensation in any given region, this is simply a guide to the areas worth noticing.

	HEAD / SKULL	
	THROAT / NECK	
L SHOULDER	CHEST / STERNUM	R SHOULDER
L UPPER ARM	SOLAR PLEXUS	R UPPER ARM
L ELBOW	BELLY / CORE	R ELBOW
L FOREARM	LOWER BELLY / HIPS	R FOREARM
L HAND	PELVIS / BASE	R HAND
	L THIGH	R THIGH
	L KNEE	R KNEE
	L CALF / SHIN	R CALF / SHIN
	L FOOT	R FOOT

Note: If a region holds particular difficulty, due to injury, chronic pain, trauma, or dysphoria, you are always welcome to skip it or approach it from a distance. You are in charge of this practice.

Day 1 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE/Neck
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 2 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 3 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 4 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 5 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 6 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 7 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

WEEKLY REFLECTION — Week 1 | Dates: _____

Take 10–15 minutes with these questions at the end of each week. There are no right answers.

What body regions showed up most in your tracking this week? What do you notice about that?

What state did you visit most, ventral vagal, sympathetic, or dorsal vagal? What patterns do you see?

What regulation strategies worked? What didn't? What do you want to try next week?

Was there a moment this week when you shifted from a dysregulated state to a more settled one, even briefly? What happened? What helped?

What did your body seem to need most this week that it didn't get? What would giving it that look like?

One thing I want to bring to my next session:
--

Day 8 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
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DESCRIBE IT

(notes, images, metaphors — anything goes)

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SENSATION QUALITY (check all that apply)

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- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

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Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 9 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

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- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
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- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 10 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

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Day 11 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 12 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down, survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 13 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

Day 14 | Date: _____ | Time: _____

A CONTEXT

What just happened / what's going on?

What do I need right now?

B MY NERVOUS SYSTEM STATE (circle one)

☐
SAFE & CONNECTED(Ventral
Vagal)

☐
FIGHT / FLIGHT(Sympathetic)

☐
SHUTDOWN / FREEZE(Dorsal
Vagal)

C WHERE IN MY BODY? (mark or note regions below)

MARK IT

(circle/draw on the regions below)

- ☐ HEAD / FACE
- ☐ THROAT / JAW
- ☐ CHEST / HEART
- ☐ BELLY / SOLAR PLEXUS
- ☐ LOWER BELLY / PELVIS
- ☐ BACK (upper / lower)
- ☐ ARMS / HANDS
- ☐ LEGS / FEET

DESCRIBE IT

(notes, images, metaphors — anything goes)

D SENSATION WORDS (check all that apply)

SENSATION QUALITY (check all that apply)

- Tight ☐
- Heavy ☐
- Buzzing ☐
- Numb ☐
- Burning ☐
- Pulsing ☐
- Hollow ☐
- Spacious ☐
- Collapsed ☐
- Electric ☐
- Warm ☐
- Cold ☐

SENSATION INTENSITY (check all that apply)

- Sharp ☐
- Dull ☐
- Deep ☐
- Surface ☐
- Spreading ☐
- Contained ☐
- Radiating ☐
- Pinpoint ☐
- Expanding ☐
- Contracting ☐
- Floating ☐
- Sinking ☐

Trembling ☐
Still ☐

Gripping ☐
Releasing ☐

E OVERALL INTENSITY (circle one)

☐ **1–2**
Barely there

☐ **3–4**
Mild

☐ **5–6**
Moderate

☐ **7–8**
Strong

☐ **9–10**
Flooding

F MY WINDOW OF TOLERANCE (circle one)

☐ **INSIDE my window**
*Present, grounded, able to think
and feel at the same time*

☐ **EDGE of my window**
*Activated, stretched, managing
but barely*

☐ **OUTSIDE my window**
*Flooded or shut down survival
mode*

G WHAT I TRIED / WHAT HELPED

WEEKLY REFLECTION — Week 2 | Dates: _____

Take 10–15 minutes with these questions at the end of each week. There are no right answers.

What body regions showed up most in your tracking this week? What do you notice about that?

What state did you visit most, ventral vagal, sympathetic, or dorsal vagal? What patterns do you see?

What regulation strategies worked? What didn't? What do you want to try next week?

Was there a moment this week when you shifted from a dysregulated state to a more settled one, even briefly? What happened? What helped?

What did your body seem to need most this week that it didn't get? What would giving it that look like?

One thing I want to bring to my next session:
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