

SYMPTOM CHECKLIST FOR CLINICAL ASSESSMENT OF DYSAUTONOMIA

FRAMED THROUGH THE LENS OF THE EXTENDED AUTONOMIC REGULATORY SYSTEM

How to Use This Checklist

This symptom checklist is intended to facilitate the clinical assessment of stress-related dysautonomia, as well as other forms of functional or structural autonomic dysregulation, seen through the lens of the Extended Autonomic Regulatory System (EARS) developed by Tom Meyers.

Today, many clinicians assess dysautonomia through a single-system lens – often the ANS – overlooking how symptoms span interconnected autonomic regulatory domains. This narrow view can lead to fragmented care, misdiagnoses like “it’s all in your head,” or referrals to separate treatments for each symptom that don’t touch upon the real health problem. The EARS model offers a more integrative perspective, revealing that what appears as a multi-symptom disorder is often a systemic imbalance across co-regulating autonomic networks.

The EARS includes the:

- Central Autonomic Network (CAN)
- Autonomic Nervous System (ANS)
- Neuroendocrine System (NE-S)
- Immune–Inflammatory System (IIS)

Symptoms are categorised by autonomic system to facilitate the recognition of cross-system patterns that might otherwise appear unrelated when examined symptomatically or from a single-system perspective. Although certain symptoms could be associated with multiple systems, they are classified under the domain where their origin or manifestation is deemed most clinically pertinent.

This checklist is especially useful for individuals – or for healthcare professionals assessing patients – who present with one or more of the following illness patterns:

- Persistent symptoms with no clear cause or explanation from medical tests;
- Fluctuating, inconsistent, or multisystemic symptom patterns;
- Diagnoses labelled as “medically unexplained” or not fitting conventional categories;
- Long COVID or other post-viral syndromes

In these cases, the EARS-based symptom checklist may offer a more integrative lens – helping to reveal how symptoms that may seem unrelated or unexplained in isolation can in fact be understood within the broader framework of the Extended Autonomic Regulatory System.

By identifying patterns across the four EARS domains can help clarify what’s really going on beneath the surface – making it possible to move beyond fragmented care toward more targeted, coherent, and regulation-based treatment strategies.

There is no strict threshold, but the greater the cross-system symptom overlap, the more likely it reflects the presence of dysautonomia – a dysfunction in the body’s ability to automatically regulate essential functions such as heart rate, digestion, temperature, and stress responses – and this should become the central focus of treatment. Assessing for dysautonomia allows care to shift away from ineffective symptom-by-symptom management and toward the restoration of autonomic regulation, whether through autonomic resetting or other body-centred interventions that support the recovery of whole-system coherence and resilience.

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Name:

	Past	Present Symptoms	T2	T3
CENTRAL AUTONOMIC NETWORK (CAN)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Brain fog, cognitive fatigue ☐ Insomnia or fragmented sleep ☐ Emotional dysregulation (irritability, low stress tolerance) ☐ Restlessness, internal agitation ☐ Impaired memory and concentration ☐ Anxiety, panic responses ☐ Mood swings, depression-like symptoms ☐ Reduced behavioural flexibility, decision paralysis ☐ Feeling of hopelessness, loss of inner direction, ... ☐ Disconnection from self, others, or a greater whole ☐ Heightened pain sensitivity (Allodynia - Hyperalgesia) ☐ Feeling "out of sync"	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
AUTONOMIC NERVOUS SYSTEM (ANS)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Neck/shoulder/back pain * ☐ Shallow breathing or breath-holding ☐ Heart palpitations, tachycardia, fluttering sensations ☐ Cold hands and feet ☐ Digestive dysfunction (IBS, bloating, constipation) ☐ Excessive sweating that's not always related to heat or exercise ☐ Urinary urgency or retention ☐ Dizziness or light-headedness; nausea ☐ Flushing or chills without fever ☐ Body agitation, fine tremors or shaking ☐ Tinnitus	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
NEUROENDOCRINE SYSTEM (NE-S)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Sleep disruption (early waking, non-restorative sleep) ☐ Fatigue or low energy ☐ Low libido, hormonal imbalances ☐ Blood sugar instability (hypoglycaemia, hyperglycaemia) ☐ Salt cravings, low blood pressure ☐ Impaired tissue healing ☐ Blunted or exaggerated stress responses ☐ Hypothyroidism or Hyperthyroidism	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IMMUNE-INFLAMMATORY SYSTEM (IIS)	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Widespread muscle/joint aches (non-specific) ☐ Mast cell activation (flushing, itching, rashes...) ☐ Delayed recovery from exertion or illness ☐ Unexplained (low-grade) fevers ☐ Food sensitivities, bloating, gut inflammation ☐ Persistent fatigue (post-viral, inflammatory) ☐ Symptom flare-ups or relapses	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐

* Often non-physical trauma-related neck, shoulder, or back pain that seemingly appears overnight or after a mundane movement may be an early sign of stress-related dysautonomia - sometimes appearing before any other systemic symptoms.

* Therapists who use this checklist should fill out columns T2 and T3 for follow-up treatment assessments.